

### Wisconsin Coalition Against Sexual Assault, Inc.

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TO: Senate Committee on Health and Human Services

FROM: Mike Murray, Policy Specialist, WI Coalition Against Sexual Assault, Inc.

RE: Support for SB 129—The Compassionate Care for Rape Victims Bill

DATE: April 20, 2007

Good Morning Chairman Erpenbach and members of the Senate Health and Human Services Committee. Thank you for this opportunity to speak in favor of SB 129, which would help provide compassionate care for rape victims. My name is Mike Murray and I am the policy specialist for the Wisconsin Coalition Against Sexual Assault, Inc. [WCASA]. WCASA would like to thank Sen. Robson for sponsoring this legislation. I would like to share with you why this legislation is so important to survivors of sexual assault.

### Why Rape Survivors Need and Deserve Compassionate Care

Rape is an act in which sexual violence is used to exert power and control over a victim. Rape strips a victim of power and leaves her helpless and terrified. Immediately after an assault, a victim's loss of control over her life can be all encompassing. She must try to come to grips with the ways in which her life has been irrevocably changed. She may be concerned that she contracted a sexually transmitted infection. She may no longer feel safe in her home, at work, or around her friends and family. She may wonder if she can tell her family about the assault and how they might react. The survivor's sense of herself—her sense of her connection to the world through meaningful relationships and personal values—collapses almost instantaneously. Providing victims with compassionate care is one crucial way we can improve a victim's ability to make choices and exercise control over her life so that she can begin the healing process.

The availability of compassionate care has an enormous impact on a victim's potential to heal. Compassionate care can alleviate her overwhelming fear that a pregnancy could result from the rape. A sexual assault victim's right to access emergency contraception (EC) is a crime victim's rights issue—it is about preventing an aspect of a crime victim's identity from being controlled by a rapist.

Without compassionate care the tragedy of a sexual assault is exacerbated. The denial of compassionate care at many Wisconsin hospitals affects real women—real mothers, sisters, daughters and wives. These women all have hopes for their lives, their future, and their families that were suddenly and traumatically disrupted by the assault. These hopes can survive an assault thanks to the strength and courage of victims. The way in which our communities choose to support victims also affect how victims recover. When we decide to deny victims compassionate care, they are denied a better chance that these hopes survive the assault.

In the <u>United States</u> 25,000 women a year become pregnant as the result of rape. Over 16,000 of these pregnancies end in abortion, which compounds the trauma and feelings of loss experienced by survivors. Over 90% of these unintended pregnancies and abortions could be prevented if EC was made available to rape victims. It is simply unacceptable that survivors must face the traumatic decision of whether or not to end an unwanted pregnancy when such an effective, safe and humane alternative as EC exists.

### **Inadequate Access to Compassionate Care in Wisconsin**

Hospital emergency rooms are often the first point of medical contact for rape survivors. Like any patient, survivors deserve comprehensive medical care. Unfortunately, many of Wisconsin's rape survivors are receiving woefully inadequate care in the realm of pregnancy prevention—and the numbers bear this out.

According to a 2006 survey 33% of Wisconsin hospitals dispense EC unconditionally to rape victims, while 23% reported they sometimes dispense largely based on the discretion of the health care provider. A disturbing 42% percent reported that it was not standard policy to dispense EC on site.

This means that the medical care a victim of sexual assault receives depends on where she lives in Wisconsin, which is grossly unfair to many our state's citizens. Forcing victims of rape to travel long distances in order to receive adequate health care is an affront to their dignity and a denial of the most basic level of health care.

### Both Wisconsinites and Medical Community Support Compassionate Care

Wisconsinites overwhelmingly support compassionate care. In an August 2004 survey of Wisconsin voters, 82% reported that they favored ensuring access to EC for victims of rape and incest. Eight other states have taken steps to ensure rape victims' access to EC.

The American Medical Association (AMA), the American College of Obstetricians and Gynecologists (ACOG), the American College of Emergency Physicians, and the Association of Reproductive Health Professionals all support access to and availability of EC as a means of reducing unintended pregnancies for rape victims. AMA treatment guidelines on violence and abuse actually require counseling and the provision of EC to rape victims.

### Conclusion

Please join the Wisconsin public and medical community and support SB 129. Doing so will help minimize victim trauma, reduce the number of abortions in Wisconsin, and help ensure that rape victims in Wisconsin receive the humane and compassionate health care they deserve. Thank you.

### Compassionate Care for Rape Victims Senate Hearing April 25, 2007 SB 129

Statement by Amanda Harrington harrington2@wisc.edu, 414-803-9556

I am here today to offer my support for this bill. Having survived rape and the experience of going to a hospital for help, I understand the dire need for compassionate care in our emergency rooms.

Nearly three years ago, I went to the public hospital in Venice, Italy almost 24 hours after I was raped. Before asking for my name or passport, the receptionist asked me if I wanted to take what she referred to as "the morning-after pill." At the time, her question startled me because it had never occurred to me that I could have become pregnant by the man who raped me, but now I recognize how important that question was to my recovery.

I have worked very hard to reassemble the sense of self that was shattered the night I was attacked. I can only imagine how much harder the struggle to regain a sense of autonomy would be had that crucial choice about emergency contraception—the only one left for me that evening—been made for me. Being asked if I wanted EC pulled me out of my catatonic shock and reminded me that I could, in fact, still make decisions about my body and what is done to it. This is why I believe that our medical providers must be required to inform a female survivor of sexual assault that emergency contraception exists, that she has the right to choose it as a component of her immediate treatment, and to dispense it at her request. In the aftermath of sexual assault, every problem-solving compass is lost. As such, we cannot allow a single emergency room doctor to direct his or her patient out of the ER and into the political and moral specter that still surrounds EC.

The true significance of the receptionist's question about EC may only be clear when you understand that the assault itself was one insult among a constellation of related injuries I endured that evening. I was so paralyzed and I felt so helpless that I allowed the doctor to examine me without a gown. As I lay exposed on the examining table, he slapped my butt and told me I was fine, chuckling to himself as he put the speculum in my bloody body. It took over a week, plus the coordinated efforts of my parents who were thousands of miles away, the US Embassy, my professor and the woman who ran the penzione at which I was staying to find a doctor who would treat me with the empathy, the respect and the compassion that I needed to survive the trauma.

Though complicated, I hope that the significance of the receptionists' question is clearer to you now. We must reform Wisconsin's emergency room policy so that all women who seek help in the aftermath of rape have that moment that I had: A question to engage them in their healing, a chance to speak for themselves and a choice in their treatment. This is what all patients deserve, and this is what rape victims need. For us, it is a matter of survival.

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### Compassionate Care for Rape Victims Testimony April 25, 2007

Linda Gage Rape Survivor

My name is Linda Gage, and I live in Eau Claire.

When I was 18, I was raped. The perpetrator raped me, beat me and left me to die on the side of the road. I went to the police, and they didn't even take the person's name. I went to the hospital. They didn't do a complete medical exam. They didn't tell me about emergency contraception, a high dosage of birth control pills that could prevent pregnancy. They just cleaned up my bruises and scrapes and sent me home.

No one should put the burden of receiving comprehensive medical care on a rape survivor. The trauma from a rape is too great to expect survivors to know all the questions to ask in the emergency room.

I am the mother of three daughters. I am speaking out today because it is too painful to think about one of my daughters, or any other woman, going through what I went through.

I can't imagine why any person would oppose the Compassionate Care for Rape Victims Act. Please support this bill. It is the very least we can do for women who are raped. Description of the property of the control of the property of the control of the co

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### WISCONSIN CATHOLIC CONFERENCE

# TESTIMONY REGARDING SENATE BILL 129 Presented to the Senate Committee on Health and Human Services April 25, 2007

Good morning. My name is Kim Wadas and I am Associate Director for the Wisconsin Catholic Conference testifying for information on SB 129.

Catholic agencies or religious orders sponsor approximately one-third of the hospitals in the state of Wisconsin today. From our perspective, we believe this bill is not necessary as Catholic health care already provides victims of sexual assault with appropriate and compassionate medical care.

Catholics regard health care as a healing ministry, grounded in our religious and moral values. On a national basis, these ethical and religious values are articulated through the <u>Ethical and Religious Directives for Catholic Health Care Services</u> (ERDs, United States Conference of Catholic Bishops, 2001).

The purpose of the ERDs is twofold: "first, to reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today."

Some perceive that our moral and ethical principles, led by these directives, preclude Catholic health facilities from making contraception available to rape victims. This is not the case.

Regarding appropriate treatment for rape victims, ERD no. 36 provides, first and foremost, that "compassionate and understanding care should be given to a person who is a victim of sexual assault." Within the context of that care,

"...A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum." (ERD #36)

Under this directive, therefore, Catholic hospitals in Wisconsin can and do treat victims with emergency contraception.

**OVER** 

When ministering to victims of sexual assault, Catholic institutions have a duty to ensure that treatment does not take the life of an unborn child. To guard against this, Catholic hospitals routinely test for pregnancy, and sometimes, ovulation. Some people of good will believe Catholic facilities should not be allowed to perform testing. Others of good will think Catholic facilities should never provide emergency contraception. The bishops of Wisconsin, along with bishops throughout the United States, believe that our current approach is a prudent one that allows for humane, compassionate treatment consistent with our moral values.

As regards SB 129, it must be understood that our lack of opposition is contingent upon two points. First, the language exempting hospitals from providing emergency contraception to a victim known to be pregnant shall be interpreted as allowing Catholic hospitals the flexibility to follow testing protocols that establish with moral certitude that a pregnancy has not occurred. Science is providing medicine with new tools everyday and our Catholic hospitals must retain the freedom to use the latest technology to ensure that treatment does not result in the taking of a human life.

Second, we understand that this bill will not affect the rights that hospitals and staff enjoy under current Wisconsin law, namely to refrain from participating in procedures that destroy a human embryo or fetus.

If either of these two interpretations of SB 129 were erroneous, then we would have to reconsider our position on this bill.

I hope these insights are useful as you review this bill and I thank you for the opportunity to offer them.

### Testimony in Support of the Compassionate Care for Rape Victims Bill, SB 129

Mr. Chairman and Committee Members, thank you for allowing me to speak today in strong support of Senate Bill 129 and to thank the representatives and senators of Wisconsin who introduced this important bill.

Though I am now retired, I practiced medicine for 40 years, and spent 30 of those years at the University of Wisconsin as the Director of Adolescent Medicine in the Department of Pediatrics. I have worked with many high risk populations and have treated many patients in crises during my career.

For the privilege of practicing medicine here in Wisconsin, I was licensed by the state and agreed to abide by many ethical and legal principles, including the principle of informed consent. Informed consent basically means that a physician has the ethical and legal responsibility to inform a patient about the availability of all alternative, viable medical modes of treatment and about the benefits and risks of each. What constitutes informed consent is what a reasonable person in the patient's position would want to know. This is incorporated into Wisconsin law (Wis. Stat. 448.30) and in the regulations on unprofessional conduct in the Medical Examining Board administrative code. Certainly, it is reasonable to assume that a rape victim would want to know about pregnancy prevention following an assault. The requirement that rape victims be told about emergency contraception is incorporated into the American Medical Association (AMA) policy as well.

The other ethical principle that governs the practice of medicine is a principle called the standard of care. What this principle means is that every patient is entitled to, and should expect, a base level of competent medical care at any and every hospital in which he or she seeks treatment. The American Medical Association regards pregnancy prevention as an essential component of treatment for women who have been sexually assaulted. Essentially, providing Emergency Contraception (EC) is the standard of care in the medical profession. It is something that already should be happening in every hospital emergency room. It is certainly something that every rape victim deserves to know about and receive if she so desires. This is just the basic standard of care.

Nevertheless, many hospitals do not routinely counsel women about or dispense emergency contraceptives. This bill will correct this significant health care over-sight and we would be joining states like California, New York, Washington, and even South Carolina in recognizing the need to improve emergency care for victims of sexual assault.

Some here today will testify or have testified that they oppose EC because it causes an abortion. Though those individuals may have a religious or personal opposition to birth control, there is no medical support for their position that EC or any prescription birth control pill causes an abortion. In fact, EC is a high dosage of birth control pills that, if taken within 12 hours is 99.5% effective in preventing pregnancy. If taken within 120 hours, EC is at least 75% effective in preventing pregnancy. EC has no affect on an existing pregnancy. The view that EC prevents pregnancy is also supported by the FDA that approved EC as a post-coital birth control method,

the AMA and the American College of Obstetricians and Gynecologists. In fact, I am unaware of any credible medical organization that considers EC abortion causing.

What about health care providers or facilities that may have moral objections to providing EC to rape victims, you may ask?

Although the personal beliefs of health care professionals, hospital employees and pharmacists are to be respected, theirs is not the viewpoint that matters most in the clinical encounter. Health care providers, including pharmacists and physicians like myself, have a social contract with the general public to provide for the welfare of our patients. Much of our education was subsidized by public tax dollars and our licenses to practice are awarded by the state. As such, we have a moral responsibility to provide the care that meets the needs of our patients, as long as it is sound medically and is permitted by the laws that govern medical and pharmacy practice. Best Practice Guidelines established by the American College of Obstetricians and Gynecologists reiterate these duties for providers of clinical care. Hospitals that open their doors to care for rape victims also bear a responsibility to meet the clinical needs of their patients regardless of the beliefs of the organization running the hospital.

It is a critical component of medical ethics that the beliefs of the patient take priority over the agenda or creed of the health care provider. There are plenty of other professions and businesses where the needs of others do not come first, but this ethical precept is central to providing health care. Our patients expect us to meet their health care needs and to present medical information in a factual and unbiased manner—not to force our personal, political or religious agendas upon them.

I urge you to support SB 129 to protect and support woman who are the victims of rape and sexual assault in this state.

Thank you.

John Stephenson, MD

## Pro-Life Wisconsin

Defending them all...

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Testimony in Opposition to Senate Bill 129: "Emergency Contraception" Hospital Mandate
Senate Health and Human Services Committee
By Matt Sande, Director of Legislation
April 25, 2007

Dear Chairman Erpenbach and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to speak against Senate Bill (SB) 129, legislation mandating that Wisconsin hospitals inform an alleged victim of sexual assault about "emergency contraception" and provide it upon her request.

Our primary opposition to this legislation is based on the abortion-causing action of so-called "emergency contraception." Emergency contraception (EC), also known as the 'morning-after' pill, is basically two high doses of the birth control pill taken within a 72-hour period. It can work in three ways: to suppress ovulation; to inhibit the mobility of sperm, and to alter the lining of the uterus so that a newly conceived child is unable to implant in the womb, thus starving and dying. **This last action is pre-implantation chemical abortion.** 

The most commonly used emergency contraceptive pill package is **Plan B**. The website for this drug regimen clearly indicates that it can work to prevent a fertilized egg from implanting in the uterine wall:

Source: www.go2planb.com under "What is Plan B®" then go to "How Plan B® Works:"
Plan B® works like a regular birth control pill. It prevents pregnancy mainly by stopping the release of an egg from the ovary, and may also prevent the fertilization of an egg (the uniting of sperm with the egg). Plan B® may also work by preventing it [fertilized egg] from attaching to the uterus (womb) (emphasis added). It is important to know that Plan B® will not affect a fertilized egg already attached to the uterus; it will not affect an existing pregnancy.

As indicated above, the makers of Plan B contend that emergency contraception does not cause an abortion. They argue that emergency contraception prevents pregnancy and thereby reduces the need for induced abortion. However, they intentionally define the term "pregnancy" as *implantation* of a fertilized egg in the lining of a woman's uterus, as opposed to "pregnancy" beginning at *fertilization*. Whether one understands pregnancy as beginning at "implantation" or "fertilization" makes no difference; the heart of the matter is when human life begins. Embryological science has clearly determined that human life begins at fertilization – the fusion of an egg and sperm immediately resulting in a new, genetically distinct human being. This is not a subjective opinion, but an objective scientific fact. Accordingly, any artificial action that works to destroy a fertilized egg (human embryo) is abortifacient in nature.

(more)

PLW Testimony / SB 129 April 25, 2007

Not only can EC kill a tiny preborn life in its earliest stages, but it can also harm women. Plan B is associated with blood clot formation and a heightened risk of ectopic pregnancy. The common side-effects of the 'morning-after pill' (nausea and abdominal pain) are also the symptoms of an ectopic pregnancy and could therefore mask the presence of this potentially life-threatening condition. Importantly, there are no long-term studies to show whether women will be permanently damaged, or risk such diseases as cancer, from these chemicals being given in such high doses. Forcing physicians to immediately provide medication to patients based solely upon their request is simply bad medicine. In the case of emergency contraception, such a policy may contradict a physician's medical judgment as EC could be medically contraindicated for the patient.

Planned Parenthood of Wisconsin has argued that that the Ethical and Religious Directives (ERDs) for Catholic Health Care Services "make clear that EC is an acceptable treatment option for rape victims who are not pregnant." This statement is vague at best, especially considering Planned Parenthood's understanding of pregnancy as implantation. ERD #36 states:

"A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum (emphasis added)."

Pro-Life Wisconsin sympathizes with victims of sexual assault. It is exceedingly difficult, however, to determine whether or not fertilization has occurred at the time EC is directed to be taken. Although SB 129 does not require a hospital "to provide emergency contraception to a victim who is pregnant, as indicated by a test for pregnancy," a standard pregnancy test cannot accurately determine fertilization nor is it designed to do so. Standard pregnancy tests only determine implantation. The bill does not define the term "pregnancy." The situation can be likened to a hunter who sees something moving in the bushes and holds his fire until he is sure that it is not a person. We must act with the same restraint in protecting newly conceived human life.

Furthermore, Wisconsin law protects the right of hospitals to refuse to participate in morally objectionable practices such as abortion and sterilization. The proposed legislation appears to be in conflict with Wisconsin Statutes 253.09(1) because of the abortion causing effect of so-called emergency contraceptive drugs, as well as with the Wisconsin Constitution which expressly protects the rights of conscience. **Under Article 1, Section 18 of our state constitution "any control of, or interference with, the rights of conscience" shall not be permitted.** And of course the First Amendment to the United States Constitution guarantees the right to freely exercise one's religion convictions.

A child conceived in rape is a human being and deserves legal protection despite the horrific circumstance of conception. The personhood of a child is not contingent upon the circumstances surrounding his or her conception. We need to offer compassion to all the innocent parties in a sexual assault. Assisting rape victims who want to place their children for adoption and advocating counseling programs for victims as well as providing financial, material and moral support for mothers who decide to keep their children is the truly compassionate response.

I urge the Committee to vote NO on SB 129. Thank you for your consideration.

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April 25, 2007

Dear Chairman Erpenbach and Members of the Senate Health and Human Services Committee,

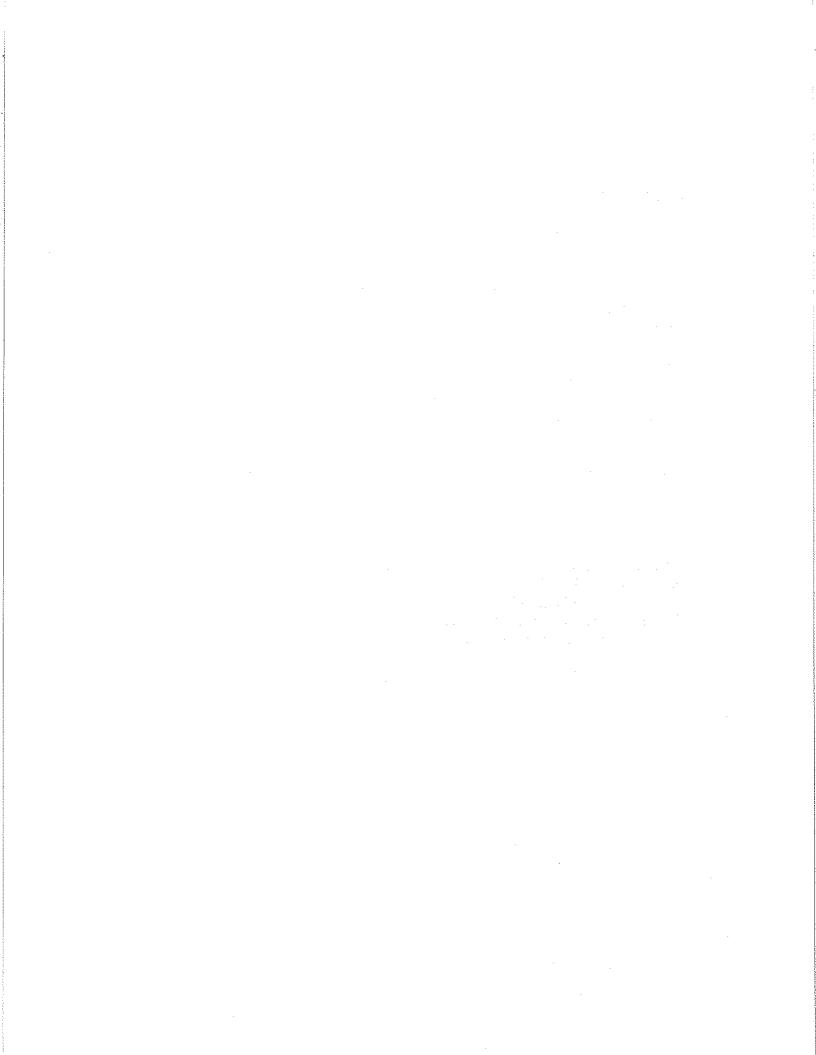
I want to be on record as opposing SB 129 which would mandate that all Wisconsin hospitals dispense the so-called "emergency contraception" or "morning after pill" to rape victims.

Currently we are not sure exactly how this medication works, but there is evidence that one of the ways it may work is to interfere with the implantation of an already conceived embryo. The makers of Plan B even state this in their product labeling. In other words, the drug may sometimes work as an abortion.

I believe that individuals and institutions have a right to follow their conscience and not be forced by the State to provide treatments that may result in the death of an already conceived human being.

Sincerely,

James G. Linn, MD
Associate Clinical Professor,
Medical College of Wisconsin
Chairman, Department of Obstetrics and Gynecology,
St. Mary's Hospital, Milwaukee



April 25, 2007

848 Willow Drive Delafield, WI 53018

To: Senate Committee on Health and Human Services

Dear Honorable Senators:

As a physician who has worked in a number of Wisconsin Hospitals, including the University of Wisconsin Hospital and Clinics, I would like to comment on a proposed bill under consideration: Senate Bill (SB) 129, to require all Wisconsin hospitals to provide "emergency contraception" to victims of sexual assault upon their request.

Let's be very clear about what we are talking about. "Emergency contraception" is in most cases a chemical abortion, whereby the newly conceived child cannot implant and is aborted. In the event of rape or incest, abortions of this nature make the newly-conceived baby a second, innocent victim, furthering the injustice perpetrated.

How have the sponsoring Senators determined that this method is safe enough to mandate its use in all Wisconsin hospitals? Furthermore, does the state wish to take on liability from complications resulting from such treatment, which Senators mandate but hospitals and physicians are loath to use voluntarily?

The legislature has no business mandating medical treatments and should leave decisions of patient care between the patient and her physician. On the contrary, Wisconsin law already protects the right of hospitals to refuse to participate in morally objectionable practices, such as abortion and sterilization.

Please vote "no" on SB 129.

Exeloquett MD.

Yours sincerely,

Franklin L. Smith, M.D.

April 25, 2007

Dear Members of the Senate Health Committee,

I urge your opposition to Senate Bill 129. I hate the misuse of women and I love children. As a physician for over 30 years, all of my medical efforts are expended in the detection, cure and prevention of disease. Dear Senators, pregnancy is not a disease state. Rape is bad but children are good. This is from a father of four daughters, one of whom encountered an armed miscreant last year.

Your bill talks of "emergency contraception." This is an oxymoron. We have emergency explorations for surgical abdomens, emergency ruptured aneurysm repairs, and emergency blood transfusions without cross match and so on. All of these real emergencies have to do with correcting emergently recognized disease. Contraception is not an emergency.

Unexpected pregnancy is not a disease and there is no such thing as an unwanted child. All children are wanted... by someone. There are only unwanting parents. Our government and citizens used to recognize this.

Contraception is not "health care" as my pro-contraception, pro-abortion friends continually advocate. Fertility is a natural state without which no species can survive. There is no need to force our hospitals to begin practicing what is not a medical necessity and which violates the Oath of Hippocrates, as sworn for the previous 2000 plus years (excepting current sterilized renditions).

Thank you,

Michael John Phillips, M.D.

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Dear Chairman Erpenbach and Members of the Senate Health and Human Services Committee,

Although I would jump at the opportunity to be present to give this testimony and answer any questions regarding Senate Bill (SB) 129, I am unable to be present today. I respectfully request your opposition to SB 129.

Page 2, Line 4 through 7 states: "'Emergency contraception' means a drug, medicine, oral hormonal compound, mixture, preparation, instrument, article, or device that is approved by the federal food and drug administration and that prevents a pregnancy after sexual intercourse."

I'm sorry if some of my professional colleagues may have given you the impression that this statement is true. Unfortunately this is major misconception and medically inaccurate statement. I'm sorry but there is NO such medicine or device that totally prevents a pregnancy after sexual intercourse WITHOUT also terminating the pregnancy of a woman. There are also various types of EC marketed today. The majority of EC used in emergency rooms today has greater abortifacient action than not (1) and will likely continue to be the method of choice (2)

Page 2, Line 7 through 9 states: "'Emergency contraception' does not include a drug, medicine, oral hormonal compound, mixture, preparation, instrument, article, or device of any nature that is prescribed to terminate the pregnancy of a female."

I'm sorry again to honestly inform you, but the fact is there is NO EC that exists today that does not also have the ability to terminate the pregnancy of a woman. The fact is that a woman who is a victim of sexual assault within a few hours of going to the emergency room may or may not have conceived. If the woman is near the time of ovulation, the EC does not consistently stop ovulation. When it fails to do so it inhibits implantation causing a chemical abortion. The EC may unfavorably alter the endometrial lining of the uterus regardless of when in the woman's cycle it is given, with its effect lasting for days. (3)

Page 2, Line 14, 15, Page 3 Line 1, 2, as well as line 13-15 which adds each hospital employee, states: "A hospital that provides emergency services to a victim shall do all of the following: a) Provide to the victim medically and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy." The first part states "medically and factually accurate" information about EC. The mechanism of action remains unclear but includes endometrial changes, interference with corpus luteum function, thickening of the cervical mucus trapping of sperm, alterations of tubal transport of sperm, egg, or embryo and direct inhibition of fertilization. Each of which MAY occur in varying percentages for any female. (4, 5) Fertilization is not a moment but rather a process that unfolds over at least a 24-hour period. It sounds strong when licensed medical personnel can factually state that EC may kill your child, inhibit ovulation or the sperm. However those are undeniable facts and

the person has chosen them in that order. Someone might interpret that as a bias. Another person may choose to soften, hide, redefine or reorder terms they find disagreeable, such as "It prevents pregnancy mainly by stopping the release of an egg from the ovary, and may also prevent the fertilization of an egg (the uniting of sperm with the egg) or preventing it from attaching to the uterus (womb)." The second statement unfortunately is also biased. Why don't we see and hear all advertisement for EC using the words may KILL YOUR CHILD. Is it possible many of you and society already have a BIAS?

The effectiveness of EC depends on the interval between the sexual act and treatment, which is simple to obtain. However, little or no data exists between ovulation and treatment. Thus at present nobody can or should claim what happens when women are given EC. (6)

Page 3 Line 3, 4 states: (b) Orally inform the victim of all of the following:

1. Her option to receive emergency contraception at the hospital

How can a law require a hospital, and its professionally licensed medical personnel, to orally inform the victim of an option that is **NOT** an option according to the beliefs of some hospitals and staff?(7) It is NOT medically accurate because it is NOT only a contraception, it is also an abortifacient. It is NOT in agreement with our medical ethics according our Hippocratic Oath. The Hippocratic Oath we take as physicians, and that I adhere to, states: "I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone. To please no one will I prescribe a deadly drug nor give advice which may cause his death. Nor will I give a woman a pessary to procure abortion." The word pessary in your law would equivalently state "drug, medicine, oral hormonal compound, mixture, preparation, instrument, article, or device that is approved by the federal Food and Drug Administration."

Page 3, line 8 through 12 states: "immediately provide to the victim upon her request emergency contraception, in accordance with instructions approved by the Federal Food and Drug Administration. If the medication is taken in more than one dosage, the hospital shall provide all subsequent dosages to the victim for later self administration."

I have difficulty seeing how licensed medical personnel should "immediately provide" something that the licensed personnel do not believe is within their moral license. See if this sounds as foolish to your ears as it does to mine. You may be supporting a bill that states a hospital must immediately provide killing an innocent unborn child for her upon request. If killing the child takes more than one dosage, the hospital shall provide all subsequent dosages to the victim for later self administration. Please stop changing the words. There is NO truthful person educated in medicine that would deny the possibility that EC may prevent the embryo from implanting in the womb. The clearest analogy is a barefoot toddler only in a diaper that wanders outside to the subzero winter snow who is not allowed into a warm home. The child will die. That is the effect of EC on the uterus. The child will die.

Page 3, Line 16 &17 states: "No hospital may be required to provide emergency contraception to a victim who is pregnant, as indicated by a test for pregnancy." Why does it state that? Precisely because it is also an undeniable truth that it would, could or

may medically harm a victim who is pregnant. If it is known to harm a woman whom we would all agree by today's standards is known to be pregnant, than what greater harm would it have on a woman who was only very early pregnant? Thus a number of professionals state EC should not ever be given to any woman who has the ability to become pregnant.(8) This is against your laws and again it is in direct opposition to our medical ethics according to the part of our Hippocratic oath saying I will never do harm to anyone. What definition of pregnancy and life is being used? An embryo is conceived at fertilization, not a week later at implantation. Isn't it interesting that the definition of life seemed different after the introduction of contraception. Pregnancy is carrying unborn young from 1 year, 1 week, 1 day, 1 hour, 1 minute, 1 second or beyond and all are included in the word young. Most available pregnancy tests that exist today take at least a week to accurately show if the rape resulted in a pregnancy. Anyone knows tests can be wrong. Educated people and any medical professional knows there are testing inaccuracies called false positives and false negatives. Even if there was such a test, which today does not exist, it too could be incorrect, and giving EC would definitely harm the unborn. Others may contend that tests for ovulation may be invalid to consider (9) as well as discrepancies in plasma progesterone levels, (10) or ultrasonographic techniques. Reviewing the literature it is stated "Neither the minimum length of time from coitus (the sexual act) to fertilization ... have been determined in the human. Therefore the exact theoretical amplitude of the window for acting before fertilization is undetermined. It is nearly logistically and ethically impossible to design and study this in pregnant women (11) in addition "The virtue of justice demands equality and as such excludes the use of probability when established rights of another are concerned."(12) Unfortunately these things are not known accurately at this time.

Page 3, lines 18 through 25 and Page 4 lines 1 through 7 states: *The department shall respond to any complaint received by the department concerning noncompliance by a hospital ... periodically review hospital procedures to determine whether a hospital is in compliance with the requirements...* 

required to forfeit not less than \$2,500 nor more than \$5,000 for each violation.

I would also propose if lawmakers do not uphold our constitutional rights may we also file complaints on their noncompliance with periodic review and their requirement to pay the public amounts as offered here. Requiring all hospitals to abide by this bill on the distribution of emergency contraception violates the religious liberty provision of the First Amendment, and that is why I am urging you to reject Senate Bill 129.

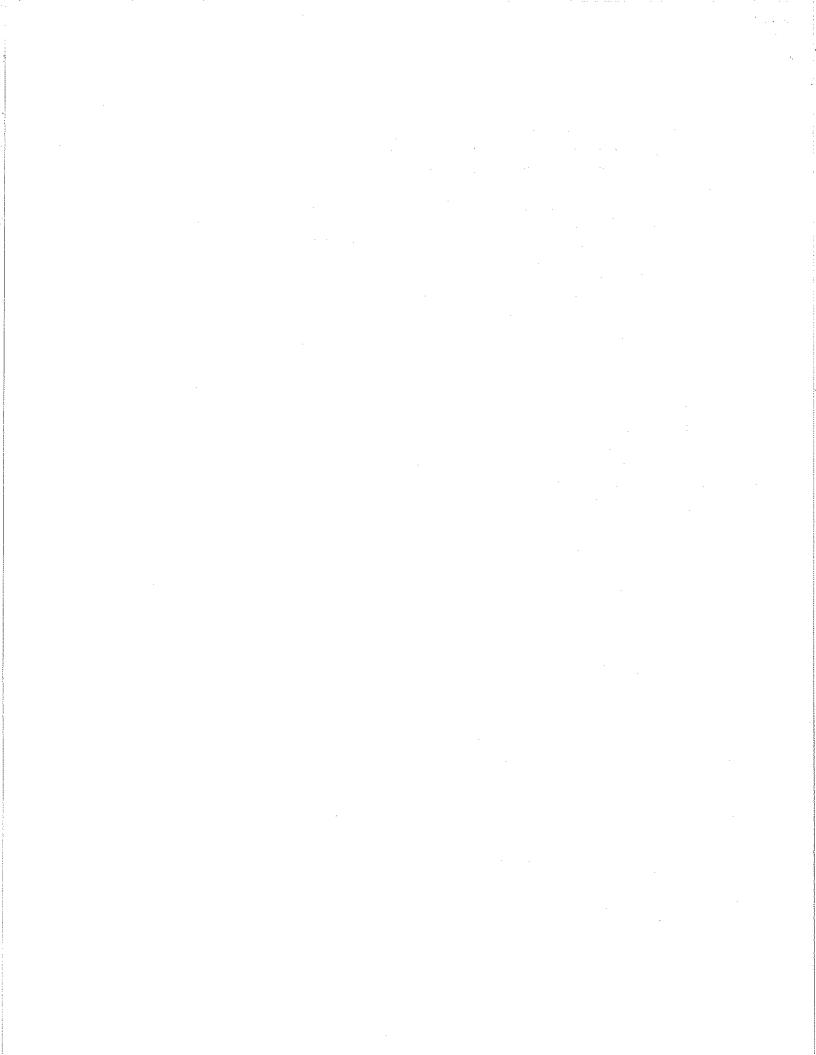
Sincerely,

Amy K. Schueckler M.D., licensed obstetrician and gynecologist, Green Bay, Wisconsin

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### Testimony before the Senate Committee on Health and Human Services

### on Wednesday, April 24, 2007, 10 am Room 411 South, Capitol

# Presented by State Senator Judy Robson, 15<sup>th</sup> District, In support of SB 129, Compassionate Care for Rape Victims

Thank you to Senator Erpenbach for holding a hearing on this important bill.

Thank you also to the many supporters of SB 129 who have come to this hearing today ... and to everyone who has worked tirelessly on this legislation to bring compassionate care to all rape victims.

This bill is really quite simple. It requires that every hospital conform to informed consent and standards of care principles by:

- Informing rape victims about emergency contraception, and;
- Dispensing emergency contraception if requested by the patient.

This is a very important piece of legislation, especially in rural parts of our state and for rape victims that have extensive injuries and are hospitalized.

I am so proud to be the sponsor on this bill because it is not only about a patient's rights, but about how we treat crime victims in Wisconsin. I am committed to making sure that all sexual assault victims, who have suffered the most traumatic crime imaginable, receive the compassionate, comprehensive care they deserve. And that is what this bill does.

Prior to my job as a legislator, I was a nurse. I worked in a hospital emergency room. I cared for women who had been raped, which alarmingly, happens every five minutes in the United States. These women had suffered unimaginable trauma. They were confused, disorientated, devastated. Some were beaten and had extensive physical injuries. In addition to the emotional and physical wounds, these patients then had to worry about contracting a sexually transmitted infection or HIV that would have life-long consequences. And, of course, they feared an unintended pregnancy... all while dealing with the most traumatic experience of their lives.

Providing rape victims with emergency contraception is the standard of care. Both the American Medical Association and the American College of Obstetricians and Gynecologists support making emergency contraception available to rape victims. Our informed consent principles in the state require that patients be told about all viable modes of treatment. This should be happening in every hospital emergency room, but is not.

We need this bill because the majority of hospital emergency rooms are not providing rape victims with this standard of care. According to a 2006 Wisconsin survey by the Compassionate Care for Rape Victims Coalition, 2/3 of hospital emergency rooms are not consistently dispensing emergency contraception to rape victims. 42% do not dispense emergency contraception at all and 25% do not have a consistent policy, leaving the decision to the physician's discretion. This must be remedied and that is what the compassionate care for rape victim's bill does.

It is important to understand that emergency contraception does not cause an abortion. What it does is to prevent a pregnancy from occurring. And it is very successful in doing so if taken within 120 hours after an assault. This is significant because we know that nationally, over 300,000 women are raped each year, resulting in over 25,000 unintended pregnancies and 16,000 abortions. About 22,000, or 88%, of these pregnancies could be prevented if all women who are raped use emergency contraception.

It is also important to understand the compassionate care of rape victims bill protects the rights of crime victims. Rape is an underreported crime. With the addition of a new provision, this bill will ensure that rape victims are aware of their right to report their assault to authorities and are informed about any resources available for a forensic exam and evidence gathering which can be used as evidence against a rapist in a legal proceeding. This is significant because evidence collected by specially trained "Sexual Assault Nurse Examiners" helps corroborate lack of consent and the testimony provided by these nurses is crucial in helping prosecutors obtain increased numbers of guilty pleas from defendants.

This bill needs to become law. The public is demanding this from this Legislature. In a 2004 poll, over 82% of Wisconsin residents supported compassionate care for rape victims.

I urge you to act promptly to provide compassionate, comprehensive care to rape victims. Thank you.



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Email: info@wifamilycouncil.org Web site: www.wifamilycouncil.org

(formerly The Family Research Institute of Wisconsin)

Testimony in Opposition to Senate Bill 129
"Emergency Contraception" Hospital Mandate
Senate Health and Human Services Committee
By Julaine K. Appling, CEO
April 25, 2007

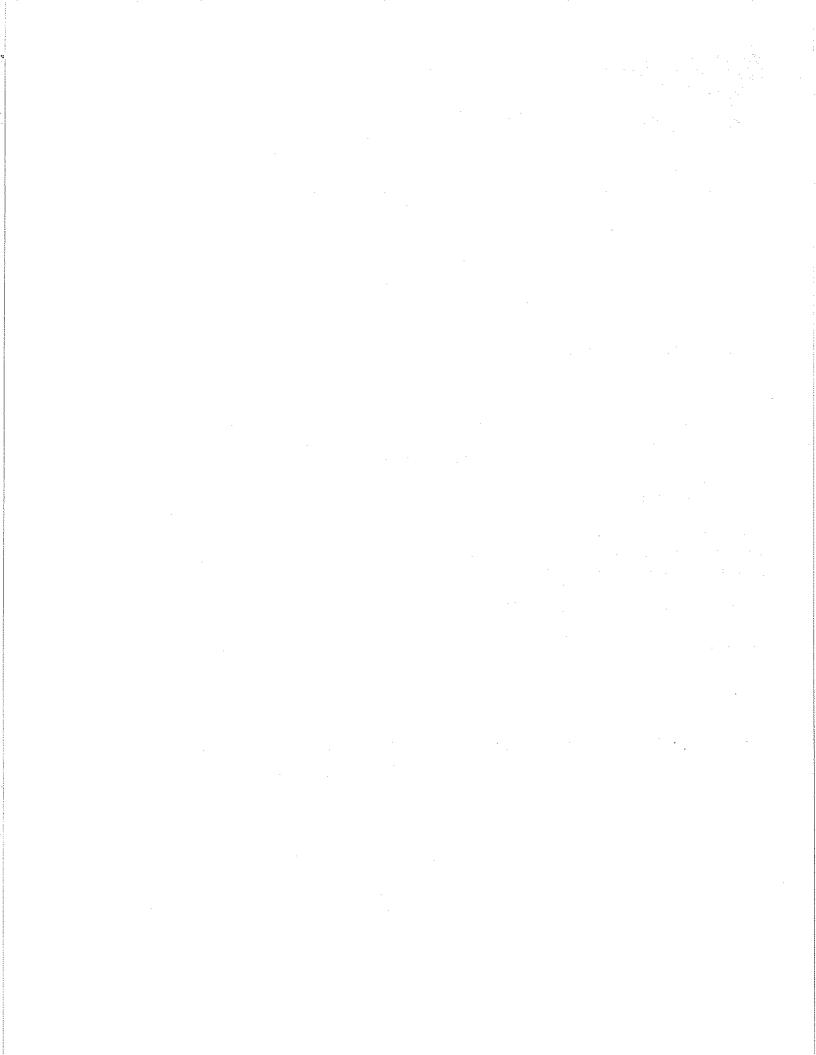
Thank you, Chairman Erpenbach and committee members, for the opportunity to testify on Senate Bill 129. My name is Julaine Appling and I am CEO of Wisconsin Family Council (formerly The Family Research Institute of Wisconsin).

Most disturbing to Wisconsin Family Council is the fact that the bill lacks any exemption for hospitals or hospital staff members who object to providing this abortion-causing drug on religious or moral grounds. The protections afforded hospitals and hospital staff in Wis. Stats. 253.09(1) are absent here. This harsh, rigid mandate would force hospitals and their staff members who so object to violate their consciences and religious beliefs or face a draconian penalty.

Wisconsin sees itself as a progressive state. I don't think it wants to be a leader in denying hospitals and their staff members their First Amendment freedoms and the protection of existing Wisconsin law. That happens in totalitarian societies, not here in the United States.

I urge you to vote against Senate Bill 129.

Thank you.





3000 West Montana Street P.O. Box 343910 Milwaukee, WI 53234-3910 T (414) 647-3000 www.AuroraHealthCare.org

April 25, 2007

### Testimony of Debbie Donovan regarding Senate Bill 129 Senate Committee on Health and Human Services

Good morning. I would like to thank Chairman Erpenbach and the members of the Senate Committee on Health and Human Services for allowing me the opportunity to provide testimony today on a subject matter that is of great importance to me as a health care professional.

Having served as a Sexual Assault Nurse Examiner at the Aurora Sexual Assault Treatment Center of Greater Milwaukee for the past 15years, I have witnessed firsthand the emotional devastation and destruction that permeates every aspect of a sexual assault victim's life. The Treatment Center, which opened its doors in 1986, is one of the five largest programs in the United States, serving victims of rape, incest, sexual abuse and sexual assault throughout southeastern Wisconsin. We serve more than 700 children and adults each year.

As an examiner, I serve as the first point of contact for a victim. Recognizing the violation and suffering that our clients endure, the Treatment Center offers comprehensive medical and forensic services to all victims, including women, men and children. We are constantly striving to provide the best care possible in order to meet the needs of the individual, which primarily focuses on the victim's safety, health and wellbeing.

Healing from sexual assault includes victims regaining control of their lives, as they did not have control over the rape. As medically trained professionals, we at the Treatment Center begin that healing process by offering victims choices related to their care. Choices include reporting a rape to law enforcement; receiving medical services and examination; collecting forensic evidence; testing for sexually transmitted diseases; receiving safe prophylactic medications to prevent STD's and unwanted pregnancy; providing safety planning services, counseling and follow-up. This is our standard of care for sexual assault victims, which offers the greatest opportunity for victims to protect themselves from the aftermath of rape and regain control over their lives.

I have witnessed the ongoing suffering experienced by victims when an unwanted pregnancy occurs as a result of rape. For many victims, this is a continual reminder of the rape, and an endless cycle of suffering. Educating victimized patients on safe medical treatment options that will protect them from exposure to sexually transmitted diseases and prevent pregnancy, and giving them choice empowers victims to regain control over their lives.

Senate Bill 129 codifies statewide a standard of care already practiced at the Treatment Center. We believe that this standard is the best, most comprehensive quality of care we can provide our patients. The American Medical Association and American College of Obstetricians and Gynecologists guidelines reflect this standard. Victims of sexual assault should be allowed to make educated decisions regarding all of their health care options, which include receiving education and access to medication that prevents pregnancy.

Thank you for allowing me the opportunity to share my views on Senate Bill 129.

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#### COMPASSIONATE CARE FOR RAPE VICTIMS

My name is Judie Koeppler and I live in Oshkosh, Wisconsin. I am a mother, a sister, an aunt, a community volunteer and a friend. But today I am standing before you as a Catholic woman. A Catholic woman who is against abortion, but who feels that it is a woman's choice, along with her doctor's advice to determine the care she receives for her own body.

The purpose today is to tell you my story about the work I have done with the Catholic faith based Affinity Health System in the Fox Valley area. I am a member of the *Professional Activities Committee* which is responsible for the final step in credentialing the healthcare professionals and also policies and procedures for the entire system. Our committee reports directly to the Board of Directors.

May 17, 2006 we approved a new policy for the <u>Treatment of Victims of Sexual Assault</u>. The Affinity acute care hospitals will provide treatment to a woman who is the victim of a sexual assault consistent with the *Ethical and Religious Directives* for Catholic Health Care Services (ERD)—a code of conduct for Catholic health care providers, along with law enforcement and statutory requirements and best practice.

The ERD provides guidance developed by the United States bishops in consultation with the Vatican, to ensure that our nation's 600 Catholic hospitals do not violate Catholic teaching—and Catholic teaching prohibits all contraception. A single exception has been developed in Catholic health care ethics. Directive 36 of the US bishops' ERD addresses the possibility of using Plan B.

### Directive 36 reads:

"Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials, offer the person psychological and spiritual support and accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum."

This guideline is complex and requires significant judgment calls on the part of Catholic hospital personnel and the hospital administration. The result was verbiage in Affinity's new policy that read: "In addition to other testing, a pregnancy test will be performed with the woman's permission. If the test is negative and the women requests anti-fertility medications after being fully informed of its benefit and risks, this will be provided to her. For purposes of this policy, an antifertility medication is defined as a pharmacological agent that is

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 approved by the FDA and that medical evidence indicates acts primarily by preventing conception from ultimately occurring after sexual intercourse (e.g. Plan B)."

I was not satisfied that the policy had enough teeth in it to really insure that the rape victim would be given the same medical treatment, for instance, that a heart attack victim receives coming into the same emergency room; meaning that a person having a heart attack is actually given medication in the ER. The word "provide" medications was ambiguous; did it mean that the victim would be told about Plan B, did it mean that she would be given a prescription and then have to go somewhere else in her emotional state to find a pharmacy with a pharmacist that would actually fill the prescription, or did it mean that she would be given Plan B in the ER like other patients are given to help with their condition? I asked theses questions as a "mother", to the group of 18 committee members, comprised of doctors, hospital COOs and administrators, and 4 community people. Of this group, 4 were female. Immediately the Affinity Senior Vice-President and Chief Medical Officer of Mercy Medical Center, Dr. Mark Kehrberg, responded from his perspective, "as a father" that my questions to give compassionate care were legitimate. Another, Dr. Douglas Horan, said that I was right; the word provide meant nothing and that we should change the word provide to dispense. A motion was made, seconded and it carried unanimously. This now means that in all Affinity hospitals, Plan B will be dispensed to rape victims according to the new policy.

There are two hospitals in Oshkosh, so I went to the COO of Aurora Hospital, Fran Finley, and asked what their policy is and found that they also dispense Plan B in this location, however all of their hospitals have their own independent policies.

In Oshkosh we are fortunate to have the compassionate care that is needed for rape victims, but it was not publicized. In October I asked the Health Editor of the Oshkosh Northwestern to inform the public about the excellent compassionate care for rape victims that we have in our community. With great satisfaction, an impressive article was in the paper describing the facts about the study conducted by the Compassionate Care for Rape Victims Coalition. Our voices were united and heard. The study released on May 31, 2006 found that only 33% of Wisconsin hospitals that dispense Plan B unconditionally. This figure is now increased due to this revised policy in a Catholic faith based health system.

I am asking all of you here today, to talk to your hospital administrators and their policy makers to dispense Plan B. If we all make a strong and concerted effort, our voices will be heard. I am also asking you to support the Compassionate Care for Rape Victims, Senate Bill 129, which will mandate hospitals to implement policies that will protect rape victims from suffering through unwanted pregnancies...and for many, abortions. I ask you as a mother, a sister, an aunt, a community volunteer, a friend and also as a Catholic woman.

Judie Koeppler 1726 River Mill Road. Oshkosh. WI 54901 Judie Koeppler

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## Testimony of the Compassionate Care for Rape Victims Coalition in Support of SB 129

Hello. My name is Sara Finger. I am here today representing the Compassionate Care for Rape Victims Coalition. This coalition is a diverse group of over 30 organizations and individuals who are dedicated to ensuring comprehensive health care and treatment for rape victims. Included are health professionals, faith leaders, law enforcement, women's health advocates, public health advocates, sexual assault advocates and survivors of rape. On behalf of the coalition, I thank you for scheduling this hearing and for giving us the opportunity to share our support of SB 129 with you today.

We're here today to talk about important policy that would guarantee Wisconsin women are ensured comprehensive and compassionate care when seeking treatment following the horrific experience of a rape. While the option to prevent an unintended pregnancy from a rape is considered standard of care by every major medical association including the American Medical Association and the American College of Obstetricians and Gynecologists, the sad truth is that Wisconsin women are simply being denied basic health care during a traumatic experience. I am here today to share with you the results from a survey recently conducted by our coalition.

Our coalition sought to determine the policies of Wisconsin emergency departments in regards to providing information about and dispensing emergency contraception (EC) to victims of rape. Between December of 2005 and March of 2006, 123 Wisconsin hospitals with emergency facilities were surveyed; 89% responded.

Of the 109 hospitals that responded, only one-third had a policy to unconditionally provide EC to rape victims; twenty-three percent reported they sometimes dispense EC largely based on the discretion of the health care provider on staff. Forty-two percent reported that it was not standard policy to dispense EC on-site to rape victims.

This survey reinforced the Coalition's commitment to ensuring rape victims' access to emergency contraception and guaranteeing that victims not be forced to shop around for the comprehensive care they deserve. Members of our diverse coalition are joined by a vast majority of Wisconsin voters who are in favor of requiring that victims do not have the additional worry of an unintended pregnancy as a result of their attacker.

In August 2004, a survey of Wisconsin voters found that 82% favored ensuring access to EC for victims of rape and incest. Despite the overwhelming support for this legislation, the public was unfortunately denied a legislative hearing on this bill last session. In lieu of a formal hearing, our coalition organized a series of three community hearings in Oshkosh, Eau Claire and Milwaukee. Incredibly, over 50 individuals attended each of those hearings to demonstrate their support for the Compassionate Care for Rape Victims legislation.

With this growing support for Compassionate Care for Rape Victims, our Coalition grows stronger and more determined to ensure that no Wisconsin rape victim is denied the basic health care and the compassion she deserves. Dispensing emergency contraception should be the standard of care for all hospitals that treat victims of sexual assault. Currently, ten other states require that staff of emergency facilities offer EC to a woman after a sexual assault. Requiring emergency rooms in Wisconsin to provide EC is a common-sense step we can take to reduce the number of pregnancies that result from sexual assault, and offer some comfort to rape victims.

Victims of sexual assault deserve immediate access to safe, effective methods of pregnancy prevention. Our survey demonstrates that with only one-third of Wisconsin emergency departments consistently providing comprehensive and compassionate care for rape victims, women are being denied valuable information and care. SB 129 would ensure that all Wisconsin rape victims are informed of EC as an option to prevent an unintended pregnancy and that EC is dispensed to victims upon request; thus, guaranteeing all rape victims in Wisconsin receive the compassionate care they deserve.

On behalf of the Coalition, we thank you for your time and ask you to support SB 129 and Compassionate Care for Rape Victims.

American College of Nurse Midwives - WI Chapter • Brown County Coalition for Women's Health • Chippewa Valley Citizens for Women's Health, Winnebago County • Community Advocates • Eau Claire County Coordinated Community Response Team • Friends of Abused Families, Inc. of Washington County • League of Women Voters of Wisconsin • Medical Students for Choice • NARAL Pro-Choice Wisconsin • National Association of Social Workers, WI Chapter • Options Fund, Inc • PAVE: People Against a Violent Environment, Beaver Dam • PAVE: Promoting Awareness, Victim Empowerment, Madison • Planned Parenthood of Wisconsin • Reach Counseling Services, Menasha • Religious Coalition for Reproductive Choice WI • Republicans for Choice • Sexual Assault Treatment Center • Task Force on Family Violence • The Healing Center • United Council of UW Students • Wisconsin Alliance for Women's Health • Wisconsin Association for Perinatal Care • Wisconsin Coalition Against Domestic Violence • Wisconsin Coalition Against Sexual Assault • Wisconsin NOW • Wisconsin Women's Network Reproductive Rights Task Force • Women's Medical Fund



## Wisconsin Compassionate Care for Rape Victims 2005-2006 Survey Highlight Report

#### Introduction

In 2004, 4,775 female sexual assaults were reported in Wisconsin yet it's estimated that only 36% of rape victims ever report their assault. Over 70% of the sexual assault victims were under the age of 15. Nationally, over 300,000 women are raped each year, resulting in over 25,000 unintended pregnancies and 16,000 abortions. About 22,000 (88%) of these pregnancies could be prevented if all women who were raped used emergency contraception (EC). EC is simply a high concentration of birth control pills that prevents pregnancy when taken within 120 hours of unprotected intercourse. The American Medical Association, the American College of Emergency Physicians, and the American College of Obstetricians **Gynecologists** explicitly recommend that EC should be offered to all victims if they are at risk of pregnancy.

#### Objective and Background

The Compassionate Care for Rape Victims Coalition (CCRV) is a diverse group of organizations dedicated to ensuring comprehensive health care for rape victims. This survey highlight report summarizes data gathered through the CCRV survey of EC in Wisconsin hospital emergency departments from December 2005 through April 2006. Any changes regarding hospitals or their EC policies as of May 15, 2006 have not been included in this report. The primary objective of the survey was to examine hospital emergency departments' policies for providing information about and dispensing EC to rape victims.

#### Methods

The hospitals surveyed included those with emergency departments which are acknowledged by the Wisconsin Hospital Association (WHA) and the Wisconsin Department of Health and Family Services (DHFS). The total number of hospitals included in the survey sample was 123. Hospitals without emergency departments were not included.

Each hospital's Chief Executive Officer, Director of Emergency Services, and Director of Nursing were initially mailed surveys. Those hospitals that did not respond to the initial mailing received up to three follow-up phone calls to their emergency departments asking them to respond to the survey. An 89% response rate was achieved, with a total of 109 hospitals responding to the survey.

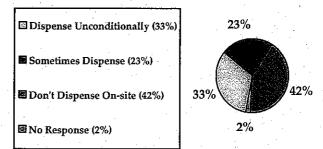
In the case where more than one survey was received from the same hospital, the more thoroughly completed survey or the one completed by a higher ranking staff was included in the analysis. Comments written in the margins of surveys were used to clarify responses and extracted for narrative reporting. Follow-up phone calls were made to allow hospitals to confirm their answers when inconsistencies were found for specific questions of interest.

#### **Key Findings**

Of the 109 hospitals that responded, 36 hospitals (33%) dispense EC unconditionally to rape victims, with an additional 25 hospitals (23%) reporting they sometimes dispense largely based on the discretion of the health care provider (14 hospitals).

Forty-six hospitals (42%) reported that it was not standard policy to dispense EC on-site. Of these hospitals, 24 reported that they refer the patient to a pharmacy with a prescription for EC.

#### EC DISPENSING POLICY IN EMERGENCY ROOMS



Two of the hospitals that submitted a survey did not respond to the specific questions related to dispensing EC to rape victims.

#### **Protocols**

Currently, outside of Wisconsin statute 448.30 which requires physicians to fully inform patients of all their treatments, the American Medical Association has established guidelines that require counseling and the provision of EC to rape victims.

#### Referrals for Counseling

Eighty-one hospitals (74%) reported providing referrals for follow-up counseling to <u>all</u> sexual assault victims, 14 hospitals (12%) reported providing referrals to <u>most</u> victims, and 5 hospitals (5%) reported providing referrals to <u>some</u> victims. Of hospitals that provide referrals, a majority reported referring victims to their local rape crisis center. The next highest percentage referred to onsite social workers or the local department of social service. Four hospitals did not provide any referrals for follow-up counseling.

#### **Sexual Assault Nurse Examiners (SANE)**

A Sexual Assault Nurse Examiner (SANE) is a registered nurse (R.N.) who has advanced education and clinical preparation in forensic examination of sexual assault victims.

Thirty-three hospitals (30%) participate in the SANE program and have a SANE nurse available 24 hours a day, seven days a week, to perform a comprehensive examination and assessment, collect high quality evidence and provide expert testimony in cases where the crime of sexual assault is reported. Twenty-three hospitals do not engage in the SANE program but have SANE-trained staff available.

Hospitals with a SANE program or SANE-trained staff were more likely to have a standard policy to provide information on EC (98%) compared to those without a SANE program or SANE-trained staff (52%). The hospitals with SANE programs or SANE-trained staff are also more likely to have a standard policy to dispense EC (77%) compared to those without a SANE program or SANE-trained staff (34%).

#### **Other Significant Findings**

Forty-three of the 109 hospitals (39%) that responded to the survey are considered to be religiously affiliated. The hospitals with religious affiliation were less likely to have a standard policy to dispense EC (52%) compared to hospitals without religious affiliation (59%).

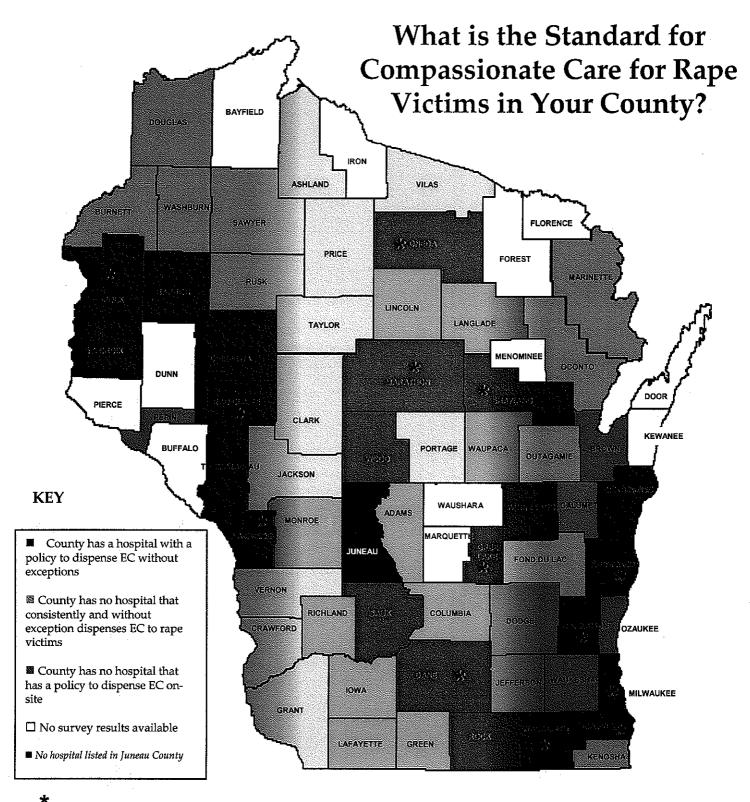
#### Conclusions

Victims of sexual assault deserve immediate access to safe, effective methods of pregnancy prevention. From this survey we estimate that only 33% of Wisconsin hospitals are dispensing EC unconditionally to rape victims and at least 42% are not dispensing EC on-site. Another 23% do not have consistent policies, but defer to the discretion of a health care provider on duty or may refer the patient off-site. There is no evidence that the patients who are referred, however, actually receive access to EC.

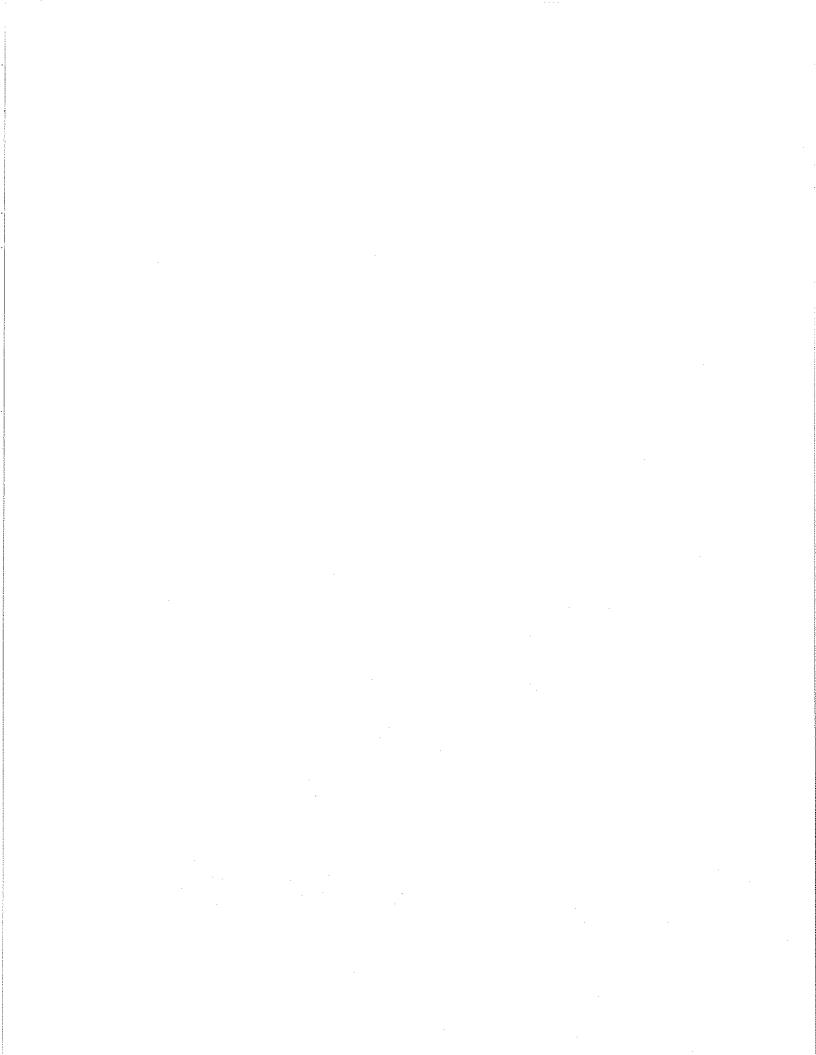
This survey demonstrates that only one-third of Emergency Departments Wisconsin are providing comprehensive consistently compassionate care to rape victims. Proposed legislation, such as the Compassionate Care for Rape Victims Bill, which seeks to ensure that all Wisconsin rape victims are informed of EC as an option to prevent an unintended pregnancy and that EC is dispensed to victims upon request, is necessary to ensure that all rape victims in Wisconsin receive the compassionate care they deserve.

For additional information regarding this survey and Compassionate Care for Rape Victims, visit: <a href="https://www.wiawh.org">www.wiawh.org</a>.





Model hospitals - one that dispenses emergency contraception (EC) without exception to sexual assault victims in their emergency room and has allowed their hospital's results to be displayed publicly. These hospitals do not allow their providers to refuse to provide EC; a basic standard of healthcare.





COMPASSIONATE CARE for RAPE VICTIMS COALITION

# Wisconsin Hospital **Toolkit** 2006

#### Acknowledgements

This toolkit is the product of collaborative work of the Wisconsin Compassionate Care for Rape Victims Coalition (CCRV) which is a diverse group of organizations dedicated to ensuring comprehensive health care for rape victims. Members of the CCRV Coalition include:

American College of Nurse Midwives - WI Chapter

Brown County Coalition for Women's Health

Chippewa Valley Citizens for Women's Health

Citizens for Women's Health, Winnebago County

Community Advocates

Eau Claire County Coordinated Community Response Team

Family Planning Health Services

Friends of Abused Families, Inc. of Washington County

League of Women Voters of Wisconsin

Medical Students for Choice

NARAL Pro-Choice Wisconsin

National Association of Social Workers, WI Chapter

Options Fund, Inc

PAVE: People Against a Violent Environment, Beaver

PAVE: Promoting Awareness, Victim Empowerment, Madison

Planned Parenthood of Wisconsin

Reach Counseling Services, Menasha

Religious Coalition for Reproductive Choice WI

Republicans for Choice

Sexual Assault Treatment Center

Task Force on Family Violence

The Healing Center

United Council of UW Students

Wisconsin Alliance for Women's Health

Wisconsin Association for Perinatal Care

Wisconsin Coalition Against Domestic Violence

Wisconsin Coalition Against Sexual Assault

Wisconsin Family Planning & Reproductive Health Association

Wisconsin NOW

Wisconsin Women's Network Reproductive Rights Task Force

Women's Medical Fund

### **Table of Contents**

Introduction	4
Stories of Victims of Sexual Assault	5
Facts About Emergency Contraception for Rape Victims	7
Emergency Contraception Pills and Regimens	8
Frequently Asked Questions about Hormonal Approaches to EC	9
Emergency Contraception Practice Guidelines and Policy Statements	11
Ethical and Religious Directives	13
Directory of Wisconsin Rape Crisis Centers	14
Wisconsin SANE Programs	17
CCRV Wisconsin Resource Guide	18
Sample Hospital Protocol	21
Glossary of Terms	24

#### Introduction

Each year, an estimated 25,000 American women become pregnant following an act of sexual violence. As many as 22,000 of those pregnancies could be prevented through the prompt use of emergency contraception (often referred to as "the morning after pill".) Emergency contraception (EC) is a high dosage of regular birth control pills and should not be confused with RU-486, also known as "medication abortion. It is a safe and effective FDA-approved method of preventing pregnancy after unprotected sex.

Yet, a recent survey conducted by the CCRV Coalition demonstrates that only 1/3 of Wisconsin Hospitals are unconditionally providing EC to rape victims when they are receiving treatment at hospital emergency departments. This survey has identified wide variations in hospital policies on providing EC to rape victims.

Leading national medical organizations such as the American Medical Association, the American College of Emergency Physicians and the American College of Obstetricians and Gynecologists, recognize EC as part of standard rape treatment in hospital emergency departments.

The Compassionate Care for Rape Victims Coalition has produced this toolkit to help Wisconsin hospital emergency departments ensure that every sexual assault victim is offered the means to prevent pregnancy when she receives treatment at a hospital.

To download a copy of this toolkit, please visit www.wiawh.org.

#### Stories of Victims of Sexual Assault

The following two stories are powerful testimonies about victims of sexual assault. The first story is written by a direct services provider who supervised a case of a 14-year-old girl, while the second story is provided by a brave sexual assault victim. Each story illustrates the importance of receiving EC during emergency department treatment; one by showing the harm of not receiving EC, the other by showing the positive impact receiving EC had on the victim. (The following stories are presented in the authors' own words.)

#### Failure to Receive EC

I am a Direct Services Supervisor for a sexual assault services center in southeastern Pennsylvania. In the summer of 2002, I supervised a case involving a 14-year-old girl who was sexually assaulted by an acquaintance. The teen's mother took her to the local emergency room where a physician in the children's medical department interviewed and examined her. At the conclusion of the examination, the doctor wrote a prescription for emergency contraception and instructed the mother to have it filled right away. The mother was Hispanic and spoke very little English, but she understood that she needed to have the prescription filled immediately.

Approximately 10 days later, the teen came in for a follow-up appointment with the doctor. It was at that time that we learned about their difficulties in getting the prescription filled. The girl said that after leaving the hospital between 3 and 4 a.m., both went to a 24-hour CVS pharmacy. It was the 14-year-old who had to do most of the talking and translating for her mother. When the mother presented the prescription, the pharmacist refused to fill the prescription because it was "too strong for her age." The pharmacist did not offer to help them by calling the physician or referring them elsewhere. The first thing in the morning, the mother and daughter went to a privately-owned pharmacy. Again, the pharmacist there would not fill the prescription or offer any help. In the end, they were not able to obtain any emergency contraception.

This Hispanic mother did not have a lot of money, so even if she had found someone to fill the prescription, it would have been a financial burden. One of the saddest things about this whole situation was putting the 14-year-old girl through the added trauma of being the one to ask the pharmacists for the emergency contraception and being denied their help.

In my view, we need to have a system that is more compassionate to young victims of sexual assault. If she had received emergency contraception in the hospital, she would have been spared a lot of unnecessary trauma.

Direct Services Supervisor Pennsylvania

#### Successful Provision of EC

After midnight on July 8, 2002, while asleep in bed next to my 4-year-old son, I was accosted by an unknown man who handcuffed, blindfolded and kidnapped me from my home at gunpoint, threatening to kill me if I did not cooperate. I was driven to an unknown location, raped and - miraculously - returned to my front porch unharmed within a few hours' time. I was warned not to call the police or the man would return to kill both me and my son.

Because I was more afraid of not calling the police and having the stranger return to assault me again, I called the police department immediately. They arrived at my home shortly, and after a few brief questions, I was instructed to allow the paramedics who had accompanied the police to take me to the Sexual Assault Nurse Examiners (SANE) unit located at St. Joseph's Hospital in Albuquerque, so that they could examine and treat me for any harm that may have been inflicted during the assault.

At the SANE unit, I was provided emotional counseling, was physically examined, and questioned by the detective in charge of my case. I was given various antibiotics and preventive treatments for the possibility that I may have contracted a sexually transmitted disease during the assault. I was also given Plan B – an emergency contraception that, as I understand it, is 89% effective if taken within 72 hours after having unprotected sex.

I feel very fortunate to have been taken to a place like the SANE unit after going through what was easily the most terrifying experience of my life. And I feel equally fortunate to have received the anti-STD treatments and emergency contraception that were provided. Knowing the emotional difficulties that I have had to surmount since the attack, I cannot imagine how much worse it could have been if I had to deal with an unwanted pregnancy.

I can say from personal experience that dealing with an unplanned pregnancy is difficult enough, much less in a situation where sexual assault is involved. One thing that has made my recovery from the attack much easier is that I have not had to deal with any residual effects – in other words, I have not had to deal with the trauma of recovering from serious injury, contracting a disease, or pregnancy.

Based on my experience, I urge legislators at any level to support emergency contraception legislation, making this crucial birth control available to all women who survive sexual assault.

Sexual Assault Victim New Mexico

#### Facts About Emergency Contraception for Rape Victims

#### Rape and Pregnancy

- An estimated 25,000 U.S. women become pregnant as a result of sexual assault each year. EC could be used to prevent as many as 22,000 of these pregnancies.<sup>1</sup>
- 12% of all women experience sexual assault in a lifetime and 4.7% of those assaults result in pregnancy.<sup>2</sup>
- An estimated 3 million unintended pregnancies occur in the U.S. each year. EC could prevent as many as 1.5 million, including as many as 800,000 pregnancies that result in abortion.<sup>3</sup>

#### Safe and Effective Pregnancy Prevention

- Emergency contraception is a safe and effective, FDA-approved method of preventing pregnancy after unprotected intercourse.<sup>4</sup>
- EC is time-sensitive. The sooner it is given, the better it works. When taken within 12 hours of a sexual assault, EC is 99.5% effective.
- EC pills can be given in different ways. One approach requires giving a first dose within 72 to 120 HRS of
  unprotected intercourse and a second dose 12 HRS later. The second approach, which applies uniquely
  to progestin-only medications, entails giving the entire course of medication at one time within 72 to 120
  HRS after unprotected intercourse.<sup>6</sup>
- The side affects of EC are temporary and may include nausea, vomiting and breast tenderness. Plan B® appears to be associated with the fewest side effects.<sup>7</sup>
- According to the World Health Organization, EC will have no effect on an established pregnancy.<sup>8</sup> It is not the same thing as RU-486, also known as medication abortion.

#### EC in the ER: Care for Rape Victims

- The American Medical Association, the American College of Emergency Physicians and the American College of Obstetricians and Gynecologists all recognize EC as part of standard rape treatment.
- Yet only 20% of rape victims receiving treatment at hospital ERs actually received EC over a seven-year time period in the 1990's, according to a national study.9
- The recent Wisconsin survey found wide variation in hospital policies on provision on EC to rape victims.

<sup>&</sup>lt;sup>1</sup> Stewart, F. and Trussell, J. "Prevention of Pregnancy Resulting from Rape," American Journal of Preventive Medicine. 2000. (19):228-229. An earlier estimate by Holmes (1996) is 32,000 pregnancies result from sexual assault.

<sup>&</sup>lt;sup>2</sup> Holmes, M.M., Resnick, H.S., Kilpatrick, D.G., and Best, C.L. "Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women," *American Journal of Obstetrics and Gynecology*. 1996. 175:320-325.

<sup>&</sup>lt;sup>3</sup> Trussell, J., et al. "Emergency Contraception Pills: A Simple Proposal to Reduce Unintended Pregnancies," Family Planning Perspectives. 1992. 14:269-273.

<sup>&</sup>lt;sup>4</sup> Food and Drug Administration approval announcement. "Prescription Drug Products: Certain combined oral contraceptives for use as postcoital emergency contraception," Federal Register. Vol. 62, No. 27. February 25, 1997.

<sup>&</sup>lt;sup>5</sup> Ellertson, C., Evans, M., Ferden, S., Leadbetter, C., Spears, A., Johnstone, K., et al. "Extending the time limit for starting the Yuzpe Regimen of emergency contraception to 120 HRS," Obstetrics and Gynecology. 2003. 101(6):1168-71.

<sup>&</sup>lt;sup>6</sup> Von Hertzen, H., "Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial," *The Lancet.* 2002. 360:1803-09.

<sup>&</sup>lt;sup>7</sup> American College of Obstetricians and Gynecologists. "Emergency oral contraception," ACOG Practice Bulletin. 2001. Washington, D.C.:ACOG.

<sup>&</sup>lt;sup>8</sup> World Health Organization. Emergency Contraception: A guide to the provision of services," *Reproductive Health and Research.* 1998.

<sup>&</sup>lt;sup>9</sup> Amey, A., and Bishai, D. "Measuring Quality of Medical Care for Women Who Experience Sexual Assault with Data from the National Hospital Ambulatory Medical Care Survey," *Annals of Emergency Medicine*. June 2002. 39:6.

#### **Emergency Contraception Pills and Regimens**

Source: http://ec.princeton.edu/

Dedicated Products / Progestin Only

Take 2 pills within 120 HRS after unprotected sex:

Plan B

Oral Contraceptives used for EC / Progestin Only

Take 40 pills within 120 HRS after unprotected sex:

Ovrette

Oral Contraceptives used for EC / Progestin-Estrogen Combined

Note: in 28-day packs, only the first 21 pills can be used

Take 2 pills within 120 HRS after unprotected sex and take 2 more pills 12 HRS later:

Ogestrel

Ovral

Take 4 pills within 120 HRS after unprotected sex and take 4 more pills 12 HRS later:

Cryselle

Levlen

Levora

Lo/Ovral

Low-Ogestrel

Nordette

Portia<sup>\*</sup>

Seasonale

Seasonique

Take 5 pills within 120 HRS after unprotected sex and take 5 more pills 12 HRS later:

Alesse

Aviane

Lessina

Levlite

Lutera

#### Frequently Asked Questions about Hormonal Approaches to EC

From the American College of Obstetricians and Gynecologists

#### 1. What is emergency contraception?

Emergency contraception (EC) is a term that describes the use of contraceptive methods to prevent pregnancy after unprotected or incompletely protected intercourse. The approach most often used is the ingestion of combined oral contraceptives (COC) or progestin-only pills (POP) within 72 hours of unprotected intercourse. Several regimens of different formulations can be used for EC:

Yuzpe regimen: Two tablets of Ovral (50 mcg ethinyl estradiol plus 0.5 mg norgestrel) followed in 12 hours by 2 additional tablets.

Formulations of sub-50 mcg COCs.

"Preven": The equivalent of the 2 Ovral doses of 2 tablets each).

"Plan B": One tablet of 0.75 mg levonorgestrel followed in 12 hours by 1 additional tablet.

As an alternative to the hormonal approach, an intrauterine device can be very effective for EC when it is inserted within 5 days of unprotected intercourse. IUDs must be inserted and removed by a physician. This method may be appropriate for women seeking long-term contraception; however, it is not advisable for women at high risk for sexually transmitted diseases or for adolescents. Furthermore, insertion of an IUD is not recommended for EC in cases of rape.

#### 2. What is meant by "incompletely protected" intercourse?

Approximately half of unintended pregnancies in the U.S. result from a contraceptive method failure. Commonly experienced examples of such failure are condom slippage or breakage or multiple missed pills in a cycle of pill use.

#### 3. What is the mechanism of action of COCs or POPs in providing emergency contraception?

Before ovulation, treatment with EC is believed to disrupt follicular maturation and consequently inhibit or delay of ovulation. After ovulation, treatment appears to have no effect on ovarian hormone levels. Thus, prevention of implantation may be a secondary mechanism of action. In addition, POPs alter tubal motility.

#### 4. Does this mean that emergency contraception can cause an abortion?

Emergency contraception will not disrupt an established pregnancy. Women often are exposed to exogenous hormones in early pregnancy without adverse outcome. Some women undergoing assisted reproductive technology procedures to achieve pregnancy are routinely prescribed progesterone to support the pregnancy. It is also a common occurrence to interview patients in early pregnancy who were not aware that their missed pills had resulted in contraceptive failure and who thus had continued taking their pills.

#### 5. How effective is emergency contraception?

Effectiveness is determined by comparing the number of pregnancies observed with treatment to the number that would have been expected without treatment. Women who utilize emergency contraception in the most fertile segment of the menstrual cycle (6 days preceding ovulation to the day after ovulation) will have a higher failure rate than women who utilize the method during another part of the cycle. The proportion of pregnancies prevented with the Yuzpe regimen has been calculated to be between 57-75%. The effectiveness of the levonorgestrel regimen is reported to be 85%. The effectiveness of all regimens decreases after the first 12-24 hours after unprotected or incompletely protected intercourse.

6. Is there any point in using EC after 24 hours?

Although the reduction in the risk of pregnancy is most striking in the first 12-24 hours, EC can be effective for up to 72 hours. Based on combined COC and POP method use, the World Health Organization (WHO) has reported pregnancy rates of 0.5%-1.5% in the first 12-24 hours compared to approximately 2.6% at 48hours and 4.1% at 72 hours. To reduce unintended pregnancies it is critical to find ways to make EC as readily available as possible to women as soon as the need is recognized.

#### 7. What about having emergency contraception available in advance?

The correlation of low pregnancy rates with early utilization of emergency contraception supports advance prescribing of the dedicated products along with detailed instructions for their use. In addition, it is well known that users of barrier methods and OCPs would benefit from this kind of intervention. Users of OCPs are routinely advised to take a missed pill along with the current pill. Studies have shown that women can identify their risks and needs quickly, will utilize the regimen appropriately when it is provided in advance, and are not inclined toward repetitive use patterns for EC.

#### 8. What are the side effects associated with EC use?

The most common side effects of EC use are nausea and vomiting. At least 50% of the COC regimen users will experience nausea and 18-20% will have vomiting. The Plan B (levonorgestrel) regimen is associated with less than 25% frequency of nausea and about 5% vomiting. An antiemetic should be offered in conjunction with the EC prescription. Products such as those used for motion sickness are generally sufficient. The dose may need to be repeated if an EC user vomits within 1 hour of taking the medication. An episode of vomiting after 2 hours does not require a replacement dose.

#### 9. In addition to temporary side effects, are there any serious complications of EC?

The short-term nature of the regimen makes any vascular complications such as thrombosis highly unlikely. Menstrual cycle changes such as heavier bleeding, headache, dizziness, and breast tenderness may be experienced by as many 16 % of EC users. Because of the presumed effects on tubal motility with POP regimens, caution should be exercised in evaluating the possibility of ectopic pregnancy in users who experience abnormal bleeding for. There are very few contraindications to using EC: women should not use EC who are already pregnant or who have genital bleeding of unknown cause.

10. What if a women is already pregnant or if EC fails to prevent pregnancy? What problems may occur? The use of EC is contraindicated during pregnancy. A woman with a problem pregnancy needs evaluation, counseling, and advice. A woman with an unplanned but desired pregnancy needs exactly the same care from her physician. Menses may be delayed after EC use, and a follow-up visit should be scheduled within 1-3 weeks to check for possible pregnancy. Based on studies of pregnancies where EC failed to prevent pregnancy, there is no that there is any increased risk of birth defects or other problems for the ongoing pregnancy. This finding is consistent with the knowledge that early exposure to estrogen or progestin formulations does not produce adverse embryonic or fetal effects.

11. Should a pregnancy test be performed before using EC?

A pregnancy test is not a prerequisite to the use of EC. It can be useful in determining the need for EC if the woman has experienced more than one episode of unprotected or incompletely protected intercourse in the cycle and at least one episode was greater than 72 hours preceding evaluation. A positive test will allow the women or her physician to begin the appropriate care for early pregnancy.

#### **Emergency Contraception Practice Guidelines and Policy Statements**

By Professional Organizations with Physician Membership (Updated 12/14/2005)

#### American College of Emergency Physicians

www.acep.org

Policy statements on emergency contraception:

Management of the Patient with the Complaint of Sexual Assault: <u>Link</u> to www.acep.org Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy: <u>Link</u> to www.acep.org

Relevant papers on emergency contraception:

Amey AL, Bishai D. Measuring the quality of medical care for women who experience sexual assault with data from the National Hospital Ambulatory Medical Care Survey. Annals of Emergency Medicine. 2002;39(6):631-638.

Ciancone A, Wilson C, Collette R, Gerson L. Sexual assault nurse examiner programs in the United States. Annals of Emergency Medicine. 2000;35(4):353-7

Feldhaus K. A 21st Century Challenge: Improving the care of the Sexual Assault Victim. Annals of Emergency Medicine. 2002; 39(6): 653-655

Feldhaus K, Houry D, Kaminsky R. Lifetime sexual assault prevalence rates and reporting practices in an emergency department. Annals of Emergency Medicine. 2000;36(1):23-27 5) Kuhn WF, Heape DE, Caudell MJ. The literature of emergency contraception. Sexual Assault: An annoted bibliography. American Journal of Emergency Medicine. 1999;17(7):726-734

Linden JA. Sexual Assault. Emergency Medicine Clinics of North America. 1999; 17(3):685-696

#### American College of Obstetric-Gynecologists

www.acog.org

Practice guidelines on emergency contraception:

Emergency oral contraception. ACOG practice Bulletin--Clinical management guidelines for Obstetrician Gynecologists. March 2001; Number 25. Contact (800) 762-2264 for orders; no web link.

Sexual Assault. ACOG Educational Bulletin Number 242, November 1997(under revision) Contact (800) 762-2264 for orders; no web link.

Policy statements on emergency contraception:

On the Failure of the FDA to Approve OTC Status for Plan B. May 7, 2004. Link to www.acog.org

#### American College of Physicians-American Society of Internal Medicine

www.acponline.org

Policy statements on sexual assault or emergency contraception: None

Practice guidelines: None

Relevant papers:

Grimes, David A, Raymond, EG. Emergency Contraception. Annals of Internal Medicine. 2002; 137: 180-

#### **American Academy of Pediatrics**

www.aap.org

Policy statements on emergency contraception:

Care of the Adolescent Sexual Assault Survivor (RE0067)

American Academy of Pediatrics, Committee on Adolescence, Pediatrics June 2001; 107(6): 1476-79. <u>Link</u> to www.aap.org

Adolescent Assault Victim Needs: A Review of Issues and a Model Protocol (RE9643)

American Academy of Pediatrics, Task Force on Adolescent Assault Victim Needs, Pediatrics November 1996; 98(5): 991-1001. <u>Link</u> to www.aap.org

Roye CF. Johnsen JR. Adolescents and emergency contraception. [Review] Journal of Pediatric Health Care. 16(1):3-9, 2002 Jan-Feb.

Practice Guidelines: None

Relevant Papers: None

#### **American Academy of Family Physicians**

www.aafp.org

Policy statements on sexual assault or emergency contraception: None

Practice guidelines: None

Relevant papers on sexual assault and emergency contraception:

Newell A, Richardson C, Eyler AE. Treatment of the adolescent survivor of sexual assault. Clinics in Family Practice. 2000;2(4): 883-917

Petter LM, Whitehill DL. Management of Female Sexual Assault. American Family Physician. September 15, 1998 1998;58(4):920-929. Link to www.aafp.org

#### **American Medical Association**

www.ama-assn.org

Practice guidelines on emergency contraception: None.

Practice guidelines on emergency contraception-related issues:

American Medical Association. AMA Guidelines for adolescent preventive services (GAPS) recommendations monograph. Archives of Pediatric Adolescent Medicine. 1997;151(2):123-128.

Policy statement on emergency contraception:

H-75.985: Access to Emergency Contraception. Link to www.ama-assn.org

Policy statements on emergency contraception-related issues:

H-75.987: Reducing Unintended Pregnancy

H-75.988: Extension of Medicaid Coverage for Family Planning Services

H-75.998: Opposition of HHS Regulations on Contraceptive Services for Minors

H-75.999: Teenage pregnancy

H-75.990: Development and Approval of New Contraceptives

H-75.995: Contraceptive Advertising

#### **Ethical and Religious Directives**

The Ethical and Religious Directives for Catholic Health Care Services, which govern Catholic facilities, prohibit the routine provision of contraception. However, Directive 36 makes a specific exception for emergency treatment of victims of sexual assault, offering the following guidance:

Compassionate and understanding care should be given to a person who is the victim of sexual assault: Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.

Over the years, some Catholic hospitals had decided that prohibiting the provision of emergency contraception was the only way to be in compliance with this somewhat confusing guidance, given the medical impossibility of determining what is spelled out in the last sentence of Directive 36. Other facilities had developed various inexact ways to trying to approximate the requirements of that sentence through such efforts as giving the patient an ovulation test.

Recently, however, there has been helpful new guidance for hospitals on this subject from the Catholic Health Association. As a result, many Catholic hospitals are now adopting policies of offering EC to rape victims. You may wish to refer to two articles in recent issues of Health Progress, the journal of the Catholic Health Association (which is available at www.chausa.org):

- "Emergency Contraception and Sexual Assault," an article appearing in the September-October 2002 issue, concludes that the "appropriate testing" requirement mentioned in Directive 36 can be fulfilled by giving a standard pregnancy test to the rape victim before offering her ECPs. (If the patient is already pregnant, she does not need emergency contraception.) In this article, Dr. Ronald Hamel, PhD, senior director, ethics, for the Catholic Health Association, and Micheal Panicola, PhD, corporate vice president, ethics for SSM Health Care, argue against the ovulation method, saying "the pregnancy approach is responsive to the needs of the woman who has suffered untold trauma from being sexually assaulted and is consistent with the Catholic moral tradition generally and Catholic teaching on this matter particularly."
- In the July-August 2003 issue, "A Venue for Theological/Ethical Issues" CHA President Father Michael Place reported that the United States Conference of Catholic Bishops' Committee on Doctrine "concluded that testing only for pregnancy unrelated to sexual assault is not inconsistent with Directive 36."

#### **Directory of Wisconsin Rape Crisis Centers**

#### Northwest Region

Ashland - New Day Shelter

PO BOX 88 ASHLAND, WI 54806

PHONE: (715) 682-9566

CRISIS LINE: (800) 924-4132 / (715) 682-9565 (24 HRS)

FAX NUMBER: (715) 682-6865

Chippewa Falls - Family Support Center

PO BOX 143 CHIPPEWA FALLS, WI 54729

PHONE: (715) 723-1138

CRISIS LINE: (800) 400-7020 (24 HRS)

FAX NUMBER: (715) 723-8460

Eau Claire - Bolton Refuge House

PO BOX 482 EAU CLAIRE, WI 54702

PHONE: (715) 834-0628

LEGAL ADVOCATE: (715) 834-0628

CRISIS LINE: (715) 834-9578 / (800) 252-4357 (24 HRS)

FAX NUMBER: (715) 834-9634

Hayward - LCO Oakwood-Haven

13394 W TREPANIA RD HAYWARD, WI 54843

PHONE: (715) 634-9360

CRISIS LINE: (877) 552-7474 (24 HRS)

Ladysmith - Time-Out Family Abuse Shelter

PO BOX 406 LADYSMITH, WI 54848

PHONE: (715) 532-6976 (8:00 - 4:00)

CRISIS LINE: (715) 532-7089 / (800) 924-0556 (24 HRS)

FAX NUMBER: (715) 532-0972

Medford - Stepping Stones

PO BOX 224 MEDFORD, WI 54451

PHONE: (715) 748-3795 (8:30-5:00)

CRISIS LINE: (715) 748-5140 (24 HRS)

FAX NUMBER: (715) 748-2398

Menomonie - The Bridge to Hope

PO BOX 700 MENOMONIE, WI 54751

PHONE: (715) 235-9074 (8:00-4:30)

CRISIS LINE: (715) 235-9074 or (800) 924-9918 (24 HRS)

FAX NUMBER: (715) 235-9073

Milltown - Community Referral Agency

PO BOX 365 MILLTOWN, WI 54858

PHONE: (715) 825-4414

FAX NUMBER: (715) 825-4418

CRISIS LINE: (715) 825-4404 / (800) 261-SAFE (7233) (24 HRS)

Burnett County Outreach Office: (715) 349-7272

River Falls - Turningpoint

PO BOX 304 RIVER FALLS, WI 54022

PHONE: (715) 425-6751

CRISIS LINE: (800) 345-5104 (24 HRS)

FAX NUMBER: (715) 425-6908

Superior - CASDA

2231 CATLIN AVE SUPERIOR, WI 54880

PHONE: (715) 392-3136 (9:00 - 4:00)

CRISIS LINE: (800) 649-2921 / (715) 392-3136 (24 HRS)

FAX NUMBER: (715) 392-8463

Northeast Region

Algoma - Violence Intervention Project

1405 DIVISION ST ALGOMA, WI 54201

PHONE: (920) 487-2111 (9:00-3:00)

CRISIS LINE: (877) 847-3223 (24 HRS)

FAX NUMBER: (920) 487-2110

Antigo - AVAIL

PO BOX 355 ANTIGO, WI 54409

PHONE: (715) 623-5177

CRISIS LINE: (715) 623-5767 (24 HRS)

FAX NUMBER: (715) 627-4901

Green Bay - Sexual Assault Center

300 CROOKS STREET

PO BOX 22308 GREEN BAY, WI 54305-2308

PHONE: (920) 436-8890

24 HOUR CRISIS PHONE: (920) 436-8899

FAX NUMBER: (920) 432-5966

Marshfield – Central WI Area Sexual Assault Victim Services

(SAVS)

503 CHERRY AVE, STE 2 MARSHFIELD, WI 54449

PHONE: (715) 387-2729

CRISIS LINE: (715) 384-5555

FAX NUMBER: (715) 387-4526

Wisconsin Rapids Crisis Line: (715) 421-2345

Merrill - HAVEN

PO BOX 32 MERRILL, WI 54452

PHONE: (715) 536-1300

CRISIS LINE: (715) 536-1300 (24 HRS)

FAX NUMBER: (715) 536-1801

Oconto - Oconto County Sexual Assault Center

1210 MAIN STREET OCONTO, WI 541535

MAILING ADDRESS: PO BOX 22308

GREEN BAY, WI 54305

24 HOUR CRISIS PHONE: (920) 846-2111

FAX NUMBER: (920) 432-5966

Rhinelander – Tri-County Sexual Assault Center

PO BOX 233 RHINELANDER, WI 54501-0233

PHONE: (715) 362-6841 (8:00 - 4:00) CRISIS LINE: (800) 236-1222 (24 HRS)

FAX NUMBER: (715) 362-9650

FOREST COUNTY OFFICE PO BOX 158 CRANDON, WI 54520 PHONE: (715) 478-3780 (8:00 - 4:00) CRISIS LINE: (800) 236-1222 (24 HRS) FAX NUMBER: (715) 478-3796

VILAS COUNTY OFFICE PO BOX 1867 EAGLE RIVER, WI 54521 PHONE: (715) 479-2912 (8:00 - 4:00) CRISIS LINE: (800) 236-1222 (24 HRS) FAX NUMBER: (715) 479-1072

Shawano - Safe Haven

PO BOX 665 SHAWANO, WI 54166 PHONE: (715) 524-6759 CRISIS LINE: (715) 526-3421 FAX NUMBER: (715) 524-6763

Stevens Point – Sexual Assault Victims Services 1608 WEST RIVER DRIVE STEVENS POINT, WI 54481 PHONE: (715) 343-7101

CRISIS LINE: (800) 472-3377 FAX NUMBER: (715) 343-7175

Sturgeon Bay – Door County Sexual Assault Center 827 N. 8TH ST STURGEON BAY, WI 54235 MAILING ADDRESS: PO BOX 22308 GREEN BAY, WI 54305 24 HOUR CRISIS PHONE: (920) 746-8996 FAX NUMBER: (920) 432-5966

Wausau – The Women's Community 2801 SEVENTH ST #300 WAUSAU, WI 54403-3222 PHONE: (715) 842-5663 (8:00-4:30) CRISIS LINE: (715) 842-7323 OR (888) 665-1234 (24 HRS) FAX NUMBER: (715) 842-7051

Southwest Region

Baraboo – Hope House

PO BOX 432 BARABOO, WI 53913

PHONE: (608) 356-9123

CRISIS LINE: (800) 584-6790 (24 HRS)

FAX NUMBER: (608) 356-9863

Beloit – Sexual Assault Recovery Program MAIN OFFICE: 423 BLUFF ST BELOIT, WI 53511 PHONE: (608) 365-1244 CRISIS LINE: (866) 666-4576 (24 HRS) FAX NUMBER: (608) 365-4097 JANESVILLE OFFICE: YWCA CARE HOUSE 1126 CONDE ST JANESVILLE, WI 53546 VOICE PHONE: (608) 305-0193

GREEN COUNTY OFFICE: THE MONROE CLINIC 515 22ND AVE MONROE, WI 53566 VOICE PHONE: (608) 324-2444 FAX NUMBER: (608) 324-2499

Janesville – YWCA Alternatives to Violence 1735 S WASHINGTON ST JANESVILLE, WI 53546 PHONE: (608) 752-5445 CRISIS LINE: (608) 752-2583 or (800) 750-7990 (24 HRS) FAX NUMBER: (608) 755-4743

La Crosse – Gundersen Lutheran Sexual Assault Counseling Program

1910 SOUTH AVE LA CROSSE, WI 54601 PHONE: (608) 782-7300 EXT. 53845 CRISIS LINE: (800) 362-8255 (24 HRS) OR (608) 775-5950 FAX: (608)775-6342

La Crosse – Safe Path/Franciscan Skemp Healthcare 800 WEST AVE SOUTH LA CROSSE, WI 54601 PHONE: (608) 791-7804 CRISIS LINE: (800) 362-5454 x7804 / (608) 791-7804 (24 HRS) FAX NUMBER: (608) 791-9834

Madison - Rape Crisis Center 128 E OLIN AVE MADISON, WI 53713 PHONE: (608) 251-5126 CRISIS LINE: (608) 251-7273 (24 HRS) FAX NUMBER: (608) 251-6229 www.danecountyrcc.com

Platteville – Family Advocates PO BOX 705 PLATTEVILLE, WI 53818 PHONE: (608) 348-4290 CRISIS LINE: (608) 348-3838 / (800) 924-2624 (24 HRS) FAX NUMBER: (608) 348-4291

Richland Center – Passages PO BOX 546 RICHLAND CENTER, WI 53581 BUSINESS PHONE: (608) 647-8775 SHELTER: (608) 647-6317 CRISIS LINE: (800) 236-4325 (24 HRS) BUSINESS FAX: (608) 647-2720

Tomah – Monroe County Domestic Abuse Project PO BOX 161 SPARTA, WI 54656 PHONE: (608) 374-6975 CRISIS LINE: (866) 346-0374 (24 HRS) FAX NUMBER: (608) 269-7063

#### Southeast Region

Appleton - Sexual Assault Crisis Center Fox Cities

17 Park Pl. Suite 950 Appleton, WI 54914

PHONE: (920) 733-8119

CRISIS LINE: (800) 722-7797 OR (920)733-8119

FAX NUMBER: (920) 733-8190

www.SACC-foxcities.org

Beaver Dam - People Against a Violent Environment (PAVE)

PO BOX 561 BEAVER DAM, WI 53916

PHONE: (920) 887-3810

CRISIS LINE: (800) 775-3785 (24 HRS)

FAX NUMBER: (920) 885-2270

Elkhorn - Association for the Prevention of Family Violence

461 E. GENEVA ST ELKHORN, WI 53121

PHONE: (262) 723-4653

CRISIS LINE: (262) 723-4653 (24 HRS)

FAX NUMBER: (262) 723-8367

Fond du Lac - ASTOP Sexual Abuse Center

430 EAST DIVISION ST FOND DU LAC, WI 54935

PHONE: (920) 926-5395 (8:00 - 4:30)

CRISIS LINE: (800) 418-0270 (24 HRS)

FAX NUMBER: (920) 926-4306

www.astop.org or www.feelsafe.org

#### Kenosha - Women & Children's Horizons

1511 56TH ST KENOSHA, WI 53140

PHONE: (262) 656-3500

CRISIS LINE: (800) 853-3503 (24 HRS)

FAX NUMBER: (262) 656-3402

#### Manitowoc - Sexual Assault Resource Center

333 REED AVE

P.O. BOX 1450 MANITOWOC, WI 54221-1450

PHONE: (920) 320-8560

CRISIS LINE: (920) 320-8555 (24 HRS)

FAX NUMBER: (920) 320-8635

#### Menasha - REACH Counseling Services

United Way Agency

1244C MIDWAY RD MENASHA, WI 54952

36 BROAD ST OSHKOSH, WI 54901

PHONE: (920) 722-8150 / (920) 426-1460 (8:30-4:30, PM BY APPT.)

CRISIS LINE: (920) 722-8150 OR (920) 426-1460 (24 HRS)

FAX NUMBER: (920) 722-0142

www.reachcounseling.com

#### Milwaukee - Counseling Center of Milwaukee

2038 NORTH BARTLETT AVE MILWAUKEE, WI 53202

PHONE: (414) 271-2565 (M-TH 8:30 A.M. 9:00 P.M.; F 8:30 4:30;

SAT 9:00 A.M. 12:00 P.M.)

CRISIS LINE: (414) 271-9523 (24 HRS)

FAX NUMBER: (414) 271-0102

www.tccmilw.org

#### Milwaukee - Sexual Assault Treatment Center

SINAI SAMARITAN MEDICAL CENTER

960 NORTH 12TH ST, ROOM 2120 MILWAUKEE, WI 53201

WEST ALLIS MEMORIAL HOSPITAL

8900 W LINCOLN AVE MILWAUKEE, WI 53214

PHONE: (414) 219-5850

CRISIS AND INFORMATION LINE: (414) 219-5555 (24 HRS)

FAX NUMBER: (414) 219-7570

Milwaukee - The Healing Center

611 W NATIONAL AVE, 4TH FLOOR MILWAUKEE, WI 53204

PHONE: (414) 671-4325 (671-HEAL)

CRISIS LINE: (414) 671-4325 (24 HRS)

FAX: (414) 671-6836

www.thehealingcenter.org

#### Racine - Sexual Assault Services

1220 MOUND AVE. SUITE 304 RACINE, WI 53404

PHONE: (262) 619-1634

CRISIS LINE: (262) 637-7233 (24 HRS, COLLECT CALLS

ACCEPTED)

FAX NUMBER: (262) 619-1638

WESTERN RACINE COUNTY OFFICE:

480 SOUTH PINE ST BURLINGTON, WI 53105

PHONE: (262) 763-6226

#### Saukville - Advocates of Ozaukee

PO BOX 80166 SAUKVILLE, WI 53080

PHONE: (262) 284-3577

CRISIS LINE: (262) 284-6902 (24 HRS)

FAX NUMBER: (262) 284-4403

#### Sheboygan - Safe Harbor

PO BOX 582 SHEBOYGAN, WI 53082

PHONE: (920) 452-8611 (9:00 - 5:00)

CRISIS LINE: (920) 452-7640 (24 HRS)

FAX NUMBER: (920) 453-6642

#### Waukesha - Women's Center

505 NORTH EAST AVENUE WAUKESHA, WI 53186

PHONE: (262) 547-4600

CRISIS LINE: (262) 542-3828 OR (888) 542-3828 (24 HRS)

FAX NUMBER: (262) 522-3882

www.twcwaukesha.org

#### West Bend – Friends of Abused Families

PO BOX 117 WEST BEND, WI 53095

PHONE: (262) 334-5598, EXT 104

CRISIS LINES: (262) 334-7298 (24 HRS) (262) 255-9488 (24 HRS)

(262) 673-7298 (24 HRS)

FAX NUMBER: (262) 334-7725

#### Wisconsin SANE Programs

For information on developing a SANE Program, please visit: www.sane-sart.com

All Saints Health Care System, Inc.

3801 Spring Street Racine, Wisconsin 53406 Contact: Barbara Campbell Phone: 262-636-8970

Aurora Health Care-Sinai Medical Center

945 North 12th Milwaukee, Wisconsin 53233 Contact: Debbie Donnovan Phone: 414-219-555 Email: debbie.donovan@aurora.org

Berlin Hospital SANE Program

225 Memorial Drive Berlin, Wisconsin 54923 Contact: Jess Kuklinski, RN Phone: 920-361-5525 Email: <u>berlinsane@hotmail.com</u>

Community Memorial Hospital

855 South Main Street Oconto Falls, Wisconsin 45154 Contact: Rozanne Brehmer Phone: 920-846-3444 ext. 1244 Email: rosebr@cmhospital.org

Franciscan Skemp Healthcare SANE Program

700 West Avenue South LaCrosse, Wisconsin 54601 Contact: LuAnne Kratt Phone: 608-791-9720 Email: kratt.luanne@mayo.edu

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Meriter Hospital SANE Program
202 South Park Street
Madison, Wisconsin 53715-1599
Contact: Jill Poarch, RN, BSN, SANE-A, Coordinator
Phone: 608-267-5916
Email: jpoarch@meriter.com

Sacred Heart Hospital

900 West Claremont Avenue
Eau Claire, Wisconsin 54701
Contact: Rose Jadack, PhD, RN, SANE Coordinator
Phone: 715-839-4222
Email: jadackra@uwec.edu

SANE St. Mary's Hospital

1044 Kabel Avenue Rhinelander, Wisconsin 54501 Contact: Denise Counter Phone: 715-369-6700 SANE Program St. Elizabeth ER Department

1506 South Oneida Street Appleton, Wisconsin 54915 Contact: Rosemary Dvorachek, Coordinator Phone: 920 738-2100 Fax: 920-730-5912

SANE Program St. Lukes Hospital & St. Mary's

3801 Spring Street Racine, Wisconsin 53406 Contact: Barbara Campbell, RN Phone: 414-636-4201

SANE St. Mary's Medical Center

1726 Shawano Avenue Green Bay, Wisconsin 54303 Contact: Marlene Scheffen Phone: 414-498-4563

Southeastern Wisconsin Region

252 McHenry Street Burlington, Wisconsin 53105 Phone: 262-767-6100

St. Croix Valley Sexual Assault Response Team, Inc.

730 10th Avenue Baldwin, Wisconsin 54016

Contact: Kristi Pavek, RN, SANE, Executive Director

Phone: 715-688-2194

Email: <u>kristi@stcroixvalleysart.org</u> Website: <u>www.stcroixvalleysart.org</u>

121 N. Fremont (Summer 2006)

St. Croix Valley Sexual Assault Response Team, Inc.

River Falls, Wisconsin 54022 Contact: Kristi Pavek, RN, Executive Director Phone: 715-425-6443; 866-650-SART Toll-free Email: Kristi@stcroixvalleysart.org

Website: www.stcroixvalleysart.org

St. Joseph's Hospital

611 St. Joseph Avenue Marshfield, Wisconsin 54484 Contact: Julie Schuppel, RN Phone: 715-387-7676

St. Vincent Hospital SANE Program

PO Box 13508 Green Bay, Wisconsin 54307-3508 Contact: Paula Hafeman, RN, MSN, CEN Phone: 414-433-8391

#### **CCRV** Wisconsin Resource Guide

#### Organizations

Wisconsin Coalition Against Sexual Assault (WCASA)

www.wcasa.org

(608) 257-1516 or (608) 257-2537 tyy

(608) 257-2150 fax

Email: wcasa@wcasa.org

## Wisconsin Coalition Against Domestic Violence (WCADV)

www.wcadv.org

(608) 255-0539

(608) 255-3560 fax

#### Compassionate Care for Rape Victims Coalition (CCRV)

www.wiawh.org

(608) 251-0139

## Sexual Assault Nurse Examiners Sexual Assault Response Team (SANE SART)

www.sane-sart.com

(612) 873-2434

#### International Association of Forensic Nurses (IAFN)

www.iafn.org

(410) 626-7805

Email: info@iafn.org

#### WI Chapter of the International Association of Forensic Nurses (IAFN)

Contact: Bonnie Donnovan

(414) 219-5850

Debbie.donovan@aurora.org

#### Wisconsin Department of Health & Family Services

www.dhfs.state.wi.us

(608) 266-1865

#### American College of Emergency Physicians

www.acep.org

(800) 798-1822 or (972) 550-0911

## American College of Obstericians and Gynecologists (ACOG)

www.acog.org

(202) 638-5577

#### American Medical Association

www.ama-assn.org

(800) 621-8335

## U.S. Department of Justice - Office on Violence Against Women

www.usdoj.gov/ovw

(202) 307-6026

#### U.S. Department of Justice - Office for Victims of Crimes

www.ovc.gov

(202) 307-5983

#### Hotlines

## SAFEta Sexual Assault Nurse Examiner Technical Assistance Helpline

(877) 819-SART

#### National Sexual Assault Hotline

(800) 656-HOPE

#### **Emergency Contraception Provider List**

(888) NOT-2-LATE

www.not-2-late.com

#### Wisconsin EC Hotline

(866) EC-FIRST

#### Planned Parenthood

(800) 230-PLAN

www.ppwi.org

#### Patient Resources

#### Rape, Abuse & Incest National Network (RAINN)

www.rainn.org

(202) 544-1034 or (800) 656-4673, x 3

info@rainn.org

#### National Sexual Violence Resource Center (NSVRC)

www.nsvrc.org

(877) 739-3895 or (717) 909-0710

(717) 909-0715 tty

#### National Center for Victims of Crime

www.ncvc.org

(202) 467-8700

#### Resources

Sexual Assault Nurse Examiner (SANE) Development & Operations Guide www.ojp.usdoj.gov/ovc/publications/infores/sane/saneguide.pdf

International Association of Forensic Nurses (IAFN) Professional Publications <a href="https://www.iafn.org/publication/publicationTools.cfm">www.iafn.org/publication/publicationTools.cfm</a>
Includes:

- Coping with Sexual Assault and the Nursing Guide for the Care of the Sexual Assault Patient Pocket Card
- The Examination Preparation Guide

#### IAFN Education

www.iafn.org/cmpublic/education/list.cfm

National Alliance of Sexual Assault Coalitions, Library of Information <a href="http://connsacs.org/learn/library.html">http://connsacs.org/learn/library.html</a>

 ${\bf National\ Violence\ Against\ Women\ Prevention\ Research\ Center} \\ {\underline{www.vawprevention.org}}.$ 

Not-2-Late: The Emergency Contraception Website Provides EC information in Spanish, English, French and Arabic http://ec.princeton.edu

#### **Publications**

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#### Sample Hospital Protocol



Sexual Assault – Evidence
Collection and Treatment
June 1997
August 2006
ED Manual
Emergency Room

	ER Nurse Manager		<u> </u>
Diane Holschbach	Title	+1	Date
	Director, Patient Care Services		·
Penny Block	Title		Date
		٠.	
	ER Medical Director		
Dr. Vidalakis	Title		Date

POLICY:

The management of the sexual assault survivor requires a multi-disciplinary approach involving medical, law enforcement, and supportive personnel. Essentials of treatment are:

- A. Assessment and care of physical injuries
- B. Provide initial crisis intervention and arrange for ongoing emotional support.
- C. Documentation and collection of forensic evidence
- D. Detection and prevention of venereal disease and pregnancy
- E. Arrange follow-up times for additional testing as necessary.

#### PROCEDURE:

#### Responsibility of ER Staff:

- Upon arrival to the Emergency Department escort patient to the Emergency Room and complete initial triage evaluation to determine whether there are any physical injuries requiring treatment.
  - A. Check vital signs
  - B. Examine patient for injuries
  - C. Document findings on Emergency Room record
- Contact S.A.N.E. as soon as possible after survivor arrives in Emergency Room.
- 3. If triage assessment does not disclose any obvious injuries that require immediate medical attention the survivor will be taken to the family room to await the arrival of the S.A.N.E.
- 4. Initiate emergency room admission paperwork. 2 pages of labels are needed.
- 5. Explain to the survivor that a S.A.N.E. nurse has been called and will arrive as soon as possible.
- 6. If the survivor is willing to report the assault, and has not done so, call the police to come and take the report.
- 7. If female patient needs to void, obtain a urine specimen and have lab check urine for sperm and mobility. Ask patient to dab only, do not wipe.



#### Responsibility of Sexual Assault Nurse Examiner

1. Offer survivor the option of having an advocate from Domestic Abuse Support Center (DASC) come to the Emergency Room, if they decline give them handouts from DASC and encourage them to call at a later date. DASC phone number is (715) 526-3421. A DASC representative is available 24 hours a day.

2. If sexual assault was within 72 hours, survivor is offered forensic exam as well as gynecological exam, health assessment, and treatment.

- 3. The survivor will be interviewed in a private room if available, away from exam area. After introductions, the S.A.N.E. will briefly describe the exam process.
- 4. A history and health assessment will be documented and treatment initiated. The sexual assault history will be taken in a sensitive and professional manner, which will enhance the control and self-esteem of the survivor. Maintaining the chain of evidence for legal purposes is imperative; therefore, this procedure will adhere to collection standards as determined by the State of Wisconsin Crime Lab and the District Attorney's staff. In the state of Wisconsin, an adult is anyone 18 years and older.

5. Survivor signs the consent form for evidentiary exam, the consent to have HIV testing done, and Release of Medical Information form for release of information to police (if chosen).

- 6. The survivor is taken to the exam room for health assessment and evidence collection.
- 7. Head to toe health assessment, including inspection, auscultation and palpation.
- 8. Evidence collection:
  - A. If an evidentiary exam is being done, a police officer may wait outside the exam door.
  - B. Use a State of Wisconsin Sexual Assault Evidence Collection Kit. When collecting evidence follow the instructions found inside of the kit.
  - C. Examine body based on history for areas to swab, e.g., bite marks, foreign material, licking, etc. If present or suspected, swab area using 2 swab method, and dry then place in envelope, seal, label and sign. If foreign material is suspected to be semen a woods lamp may be used to floress specimen. (Semen will floress yellow to violet under a woods lamp.)
  - D. Photographs, particularly self-developing ones are useful for documentation. All pictures should be labeled with the patient's name, the date, time and the photographer's name.
  - E. Fingernail scrapings are not usually collected, unless the patient scratched the assailant and has a great deal of tissue present under the fingers. Put scrapings from each hand in a separate labeled paper envelope.
  - F. Pelvic Examination (speculum examination) using warm water as a lubricant should be performed on all female victims of sexual assault. Using a woods lamp or other filtered ultralight, the perineum and upper inner thighs should be examined to detect stains. Specimens should be taken from any areas that floress. The genital area should be examined for signs of trauma and the findings documented.
  - G. After the forensic evidence has been collected, obtain medical specimens:
    - Cultures-a baseline Neisseria Gonorrhea culture and forensic Chlamydia culture should be done on all victims of sexual assault. Specimens should be collected from the endocervix rather than from the vaginal vault. If rectal penetration has occurred, rectal culture should also be obtained. The culture should be repeated in 2 weeks to document any change.
    - 2. <u>Serology</u>-A VDRL should be drawn on all patients to establish a baseline. A conversion of the VDRL from negative to positive may be evidence supporting the claim that sexual assault has occurred. The test should be repeated in 6 weeks if initial test is negative. A test for HIV, Hepatitis B&C should also be done initially and repeated in 6 weeks.
    - 3. <u>Pregnancy Test</u>-serum pregnancy testing does not need to be a routine procedure on all sexually assaulted patients, however, a serum pregnancy test should be performed on any patient who thinks she may be pregnant.
    - 4. <u>Slides</u>-a slide for Vaginal Trichomonas and a slide to check for sperm motility may also be done.

- H. Rectal examination should be performed routinely in cases of anal intercourse.
- I. Appropriate x-rays should be taken, depending on site of injury.
- 9. Treatment-
  - Counseling may be invaluable in assisting the victim to recover from this event. Give victim information on DASC.
  - B. Venereal disease prophylaxis-
    - Indications- Victim's request, assailant infected, multiple assailants, follow-up unlikely, signs and symptoms of STD in victim, high incidence of STD in community.
    - Drugs-

Drug of Choice:

Tetracycline 500 mg QID for 7 days

Alternatives:

Doxycycline 100 mg po BID for 7 days

Amoxicillin 3 g po plus Probenecid 1 g po as a single oral dose Ampicillin 3.5 g po plus Probenecid 1 g po as a single oral dose

3. Postcoital contraceptives:

If there is a risk of pregnancy, the drug of choice is Ethenyl Estradiol/Norgestral (Orval). The reported failure rate is less than 1%. Recommended dose: 2 tablets po then 2 more tablets in 12 hours.

- 10. Disposition and discharge:
  - A. Fill out entire Discharge Planning Page, making sure to document type of pregnancy test done, STD coverage, safety issues, follow-up phone call, rape counseling, and medical follow-up. Have survivor and S.A.N.E. sign discharge plan after discussing these issues.
  - B. Social Services: If a survivor is under 18 years of age, call Shawano or Menominee Social Services to report assault.
  - C. Call survivors primary care provider and inform him/her of survivor's experience and the exam results. Set up follow-up care; advise survivor to call PMD and set up appointment for a follow-up exam in \_\_\_\_\_ amount of time. When lab results are available (about 72 hours), call these results to survivor and PMD. Offer specific counseling resources (ie, DASC again).
  - D. Set up mutually agreed upon day and time when S.A.N.E. will call survivor for follow-up phone call(s). If phone calls are not acceptable, establish alternate plan to follow-up calls, i.e., mail, neighbor.
  - E. Validate survivor can get a safe plane in a safe manner!
- 11. Documentation-

Completely fill out the questionnaire provided in the evidence kit. Document any statements made by the victim on the nurses notes. This may be very helpful in a trial.

12. ER physician to be consulted as medically necessary. Case is to be discussed with ER physician who will sign prescription orders, medication(s), and the Emergency Room record. PMD to be notified by phone on all survivors.

13. If S.A.N.E. is not available to do exam, the Emergency Room Staff will follow these guidelines to complete exam.

- 14. After closure with the survivor and physician(s) copy of chart to:
  - A. Police (if reported)
  - B. Medical Director

Original goes to Medical Records

REVIEWED: 8/00, 6/9/04, 8/05

**REVIEWED and REVISED: 4/02, 02/25/04** 

#### Glossary of Terms

Conception- Conception occurs when an egg is fertilized by sperm. Medically speaking, conception is not synonymous with pregnancy. Pregnancy begins after conception, when a fertilized egg successfully implants on the wall of the uterus.

**Forensic Examination**- An examination provided to a sexual assault victim by health care personnel trained to gather evidence of sexual violence in a manner suitable for use in a court of law generally using a standardized forensic evidence collection kit. The examination includes a patient interview, examination for physical trauma and collection of evidence at a minimum.

"Morning-after-pill"- Another name for emergency contraception. Reproductive health professionals are using this term less often because it gives the false impression that the medication can only be taken the morning after unprotected sex, when in actuality, it can be taken up to five days later.

Pregnancy- The medical definition of pregnancy is that it begins when a fertilized egg is successfully implanted on the wall of the uterus.

RU-486- This is also known as medication abortion and can be used to end an established pregnancy up to seven weeks into gestation. It is not the same thing as emergency contraception, or the "morning-after pill."

Sexual Assault Counselor/Advocate- A staff member or volunteer at a rape crisis center who represents and supports a victim of sexual violence with the victim's permission. The counselor/advocate provides the victim with counseling, advocacy and options available to the victim through the medical, legal and counseling process.

Sexual Assault Forensic Exam Kit- A designated box or bag containing envelopes and other items for holding possible evidence from a sexual assault forensic exam. Examples are envelopes of debris (e.g. leaves, grass, sand), hair combings and small boxes or envelopes for vaginal, anal and oral swabs. Clothing and other relevant items are also collected and placed in the kit. The kit is sealed and signed by everyone who handles it (e.g. the examiner, police, lab staff); this list of names is known as the chain of evidence or chain of custody. Many states have specifically designed dedicated kits. Another term for sexual assault forensic exams is physical evidence recovery kit (PERK).

Sexual Assault Nurse Examiner (SANE)/Sexual Assault Forensic Examiner (SAFE)- A registered nurse or physician trained to provide comprehensive care, timely collection of forensic evidence and testimony in sexual assault cases.

Sexual Assault/Rape Crisis Center- Facilities that provide crisis counseling and intervention to victims/survivors of sexual violence and their significant others (most 24 hours a day) as well as information and referrals.

Sexual Assault Response Team (SART)- A multidisciplinary team working collaboratively to provide specialized services for victims of sexual violence in the community. The team includes at a minimum, a medical director, a sexual assault forensic examiner, a sexual assault counselor/advocate, a law enforcement representative and a prosecutor. Other members of the community can be part of the team.

Sexual Violence/Sexual Assault- Any time a person is forced, coerced and/or manipulated into unwanted sexual activity. Sexual assault is legally defined in states.

State/Territory Sexual Violence Coalition- State/territory-wide network of sexual assault crisis programs which work to end sexual violence through victim assistance, community education and public policy advocacy.

Victim vs. Survivor- When a person presents at the emergency department after a sexual assault, the person has been victimized. The person eligible for crime victims' compensation and the police, generally speaking, view the person as a victim of crime. In the anti-sexual assault field, the term "survivor" is also used to describe a victim of sexual assault, because they have lived through this terrible experience. "Survivor" is often a personal term which victims/survivors may use once they have reached a certain stage of healing.

#### Compassionate Care for Rape Victims Testimony Wednesday 25 April 2007

Good morning. My name is Reverend Moira Finley. I am a United Church of Christ pastor serving two congregations in Northeast Wisconsin. I am also a rape survivor.

I have been a survivor for nearly twenty years and still the shame and guilt that come from being raped are a part of my life. That one night affects every day of my life.

I know of the judgment society passes on survivors, the endless questions of "what were you wearing?" or "why were you there in the first place?"

I know of the courage it takes to get medical help in the aftermath of rape. I know what it is like to endure the questioning, doubt and suspicion involved in reporting a rape.

I know of the incredible uncertainty of waiting, and wondering, if being raped will result in having a sexually transmitted disease, or in a pregnancy.

I know what it is like to rebuild a life shattered by violence, and to learn to live each day with the effects of that violence, physically, emotionally and spiritually.

I know what it is like to struggle to find my voice again, to speak about the terrible violence of rape that affects too many of my friends, colleagues, and parishioners.

Going to the hospital after being raped is more than many survivors can bear. Survivors fear even telling someone that they were raped, much less reporting it, and getting the medical, emotional and spiritual care that they need.

We would all think it unimaginable if a doctor told a cancer patient that there were three options for treatment, but only offered one of them. This is no different.

Women who have been raped need access to all the information available about their choices so that they can make an informed and intelligent decision about what is best for their lives.

Some women will choose to use emergency contraception, and some women will not, but that is not a decision anyone can make for a survivor.

Women who have endured being raped deserve the very best that we can provide.

Survivors deserve companionship and support as they struggle with the physical, emotional and spiritual aftermath of rape.

## Compassionate Care for Rape Victims Testimony Wednesday 25 April 2007

Good morning. Pfy name is Reverend Pfoira Rinley. I am a United Church of Christ pastor serving two congregations in Northeast Wisconsin. I am also a rape survivon.

I have been a survivor for nearly twenty years and still the shame and guit that come from being raped are a part of my life. That one aight affects every day of my life.

I know of the judgment society passes on subtions, the endless questions of "what were you weading?" or "why were you there in the first place?"

I know of the counge if cases to be unceleal help in the aftermath of rape. I know what it is like to chdure the questioning, coubt and suspicion involved in reporting a rape

I know of the incredible proudainty of waiting, and wondering, if being raped will result in naving a searchy transmitted disease, or in a pregnancy.

I know what it is into to rebuild a life shattered by violence, and to loans to live each day what the effects of that violence, physically, emotionally and spiritually.

I know what it is use to struggle to find my voice again, to speak about the capible of colors of cape diet affects too many of my friends, colleagues, and parishborums.

Soing to the hospital after being raped is more than easily survivors can bean. Survivors fear even taking someone that they were raped, much less reporting it, and getting the modical, emonocal and spiritual one test they need.

We muid all tribit it unimaginable of a dector told a cancer patient that there were library upboas for treatment, but only offered one of them. This is no different.

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Women who have endured traing raped deserve the very best tiral, we can provide.

Survivors deserve companionship and support as they strange with the physical, emotional and spiritual aftermath of rape.

Survivors deserve a uniform standard of care so hospitals in our big cities and small towns are providing the same information.

Survivors deserve access to tests that will allay their fears about sexually transmitted diseases.

Survivors deserve information about all their options, including emergency contraception, and access to that contraception should they choose it, in the emergency room.

For me this is matter of faith. My faith compels me to stand in solidarity with those in our society who have no other advocates. My faith requires me to support those who have been victims of crime and injustice. My faith demands that I speak out for those who cannot speak for themselves.

That is why, despite my fears and anxieties about this testimony, about telling you all that I am a rape survivor, I am here today.

I am here for all the survivors who need to know that someone who knows what they have gone through is speaking on their behalf.

I dream of someday living in a world where the young women in my parish can come up to me and honestly ask, "Pastor Moira, what was rape?" I pray for that day.

Until that day comes, I urge you to support this bill so that we can provide all rape survivors with the information and options they need to make the first steps towards rebuilding their lives. Thank you.

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Reach Counseling Services Nicole Kellerman 36 Broad St. Oshkosh WI, 54901 920-426-1460

My name is Nicole Kellerman; I am the Sexual Assault Victim Advocate at Reach Counseling Services. Reach Counseling is a small non – profit mental health facility in Winnebago County. The mission of our agency is to end sexual violence in our community through crisis response, education, long term counseling, innovative programming and advocacy. As a sexual assault victim advocate I work on the front line with victims after an assault. I provide the victim with crisis counseling, support through the medical and legal process, and information regarding options which are available to them.

Rape has been labeled as a "silent epidemic" in our country. It affects every community in this state and in this nation. I am here today to lend my voice to those who have been silenced by sexual violence.

In Winnebago County, Reach Counseling Advocates are the first responders to sexual assault victims reporting to local hospitals. In 2006 our agency responded to more then 75 hospital crisis calls; this is an average of approximately 6 REPORTED sexual assaults a month. And anyone working within this field is aware that the majority of sexual assaults go UNREPORTED.

The women I work with present at local hospitals after experiencing a traumatizing and life altering assault. Rape is one of the most degrading, terrifying, and violating incident's a woman can experience.

I have been with the agency for just under a year, and I could sit here for hours and tell you the stories of real women who have experienced overwhelming trauma. These women deserve the right to immediate and compassionate access to information and care when presenting at our local medical facilities.

We need to make a statement and take action. We need to believe that every victim of rape or incest has the right to make an informed decision about her life, and healthcare options.

Compassionate Care for Rape Victims simply is saying this, by stating that victims of sexual assault deserve to receive information and access to emergency contraception.

I am here today to ask you to allow a woman who has been violated, the option to take control of her life again. I am asking you to support a woman's choice to make an informed decision regarding her health care.

Thank you!

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To: sen.robson@legis.wisconsin.gov

Subject: FW: Mandating Chemical Abortions is NOT Good Legislation!

Dear Senator Judy Robson,

I am against Senate Bill (SB) 129, legislation mandating that Wisconsin hospitals inform an alleged victim of sexual assault about "emergency contraception" and provide it upon her request.

Please consider the following:

http://www.ncbcenter.org/06-09-01-planB.asp ---National Catholic Bioethics Center's statement to "Emergency Contraception".

The approval of the over the counter sale of "Plan B," sometimes known as the "Morning After Pill," represents a tragic betrayal of women. The non-prescription availability of this drug which has significant potential for serious side effects raises the question, "Why do women deserve less governmental protections than others?"

The total dosage of levonorgestrel (the active ingredient in "Plan B") taken over twelve hours is six times the daily dosage found in a number of oral contraceptives which are sold by prescription only. All one needs to do is note the potential side effects of such a drug to realize that the health of women is not the driving force for this FDA approval. Women taking this drug without medical oversight may be subjected to serious side effects such as future ectopic pregnancies. Women deserve better.

http://www.madisoncatholicherald.org/2007-03-01/columns.html ---"After sexual assault: Abortion leads to further trauma".

Oftentimes we may be tempted to imagine that a child conceived by rape would only serve as a reminder to the mother of the original traumatic event she had suffered, and that she would be "better off" without that reminder. Interestingly, however, in a study published in March of 2000, that conclusion was found to be invalid. David C. Reardon, Julie Makimaa, and Arry Sobie sifted through nine years worth of testimonies gathered by the Elliot Institute and Fortress International to get a true picture of the effects of abortion on a woman who had suffered from the trauma of rape.

They wrote a book that debunks the argument that abortion is necessary or helpful after sexual assault. Co-author Amy Sobie has summarized it this way: "The vast majority of the women (and their children) who responded advanced the view that abortion is NOT a good solution to sexual assault pregnancies and that it often leads to further physical and emotional trauma for the women. Conversely, none of the women who carried to term expressed regret that they had chosen to give birth or a wish that they had chosen abortion instead."

Emergency Contraception adds additional trauma to women: if the women conceives (fertilization of egg by sperm, thus embryonic life begins), E.C. becomes an abortifacient since it will **BLOCK implantation** of embryonic life to uterine wall.

It is simple science and it is Ojective Truth—at conception, a fertilized egg is a unique individual of the human species; which you and I were all once: [see attachment #2]

# What a Woman Should Know about Contraceptives

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### "The Pill"

The birth control pill is used by over 10 million women in the US today and about 4 million of those are under age 25.1 The Pill consists of a combination of two types of artificial hormones called *estrogens* and *progestins*. It works by inhibiting ovulation and sperm transport and by changing the lining of the inside of a woman's uterus (called the endometrium) so that if the woman does conceive she will often have an early abortion.

Ethical side effects: It is estimated that women experience at least one very early abortion for every year that they are on the Pill.2 Both pro-abortion and pro-life groups acknowledge that the Pill causes early abortions.3

Medical side effects: The birth control pill increases the risk of breast cancer by over 40% if it is taken before a woman delivers her first baby.4 This risk increases by 76% if the Pill is used for four or more years before the woman's first child is born.5

The same artificial hormones used in the Pill, Depo-Provera, and Norplant are packaged in a variety of other delivery systems: the Patch, the "Morning after Pill," the monthly injection Lunelle, hormone impregnated IUDs and vaginal inserts, and others. They use the same chemicals as the Pill and can be expected to have generally the same effects. All the hormonal contraceptives can also cause extended periods of infertility after they are discontinued.

See attachment---World Health Organization & Mayo Clinic data:

The World Health Organization, in a press release dated July 29, 2005, has announced that the combined oral contraceptive pill (estrogen and progestin compined) is a major carcinogen connected to breast cancer, liver cancer, and cervical cancer. This is a major breakthrough compared to the huge effort of misdirection and denial displayed by the general scientific community for the last thirty years.

Dear Senator Robson, the compassion should be to safeguard women from this potential harm & also protect life (embryo), "protect life from conception to natural death".

Senator Robson, we are all in between new life and end of life---you and I were all once embryos. To add the option of murder, after the trauma of sexual assault is not the compassionate solution. Instead, it would be "adding insult to injury"; violence upon violence.

Thank you for your sincere review of this policy. Please vote NO to SB 129.

Huan Hoang, Registered Pharmacist.

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### NCBC Statement in Response to the United States Food and Drug Administration's Approval of Over the Counter Sale of "Plan B" September 1, 2006

The approval of the over the counter sale of "Plan B," sometimes known as the "Morning After Pill," represents a tragic betrayal of women. The non-prescription availability of this drug which has significant potential for serious side effects raises the question, "Why do women deserve less governmental protections than others?"

The total dosage of levonorgestrel (the active ingredient in "Plan B") taken over twelve hours is six times the daily dosage found in a number of oral contraceptives which are sold by prescription only. All one needs to do is note the potential side effects of such a drug to realize that the health of women is not the driving force for this FDA approval. Women taking this drug without medical oversight may be subjected to serious side effects such as future ectopic pregnancies. Women deserve better.

Supposedly there will be monitoring in place to assure that only teenagers eighteen years of age or older will have over the counter access to this drug. Parents' accounts of the difficulty of limiting their children's access to cigarettes and alcohol demonstrate how difficult it will be to enforce such provisions. Parents also deserve better.

There are many euphemisms used to describe the manner of action of levonorgestrel, from the "Morning After Pill" to "Emergency Contraception." Both terms misrepresent the facts. Contraceptives are to prevent conception. Science tells us that conception occurs upon the union of a mother's egg and a father's sperm. Such a union can occur within minutes of intercourse, There is only a very small window of opportunity for the "Morning After Pill" to act as a contraceptive by the suppression of ovulation - if it is taken just prior to the time a woman ovulates. Otherwise, the "Morning After Pill" has great potential of being an abortifacient by making the womb inhospitable to the new human being engendered by his or her parents. The most vulnerable of human life becomes disposable.

Each of us as a member of this society has the right to expect from our government better protections of human life and dignity. What does the approval of the over the counter sale of this drug say about us as a society? Is the most intimate act between a man and a woman, the natural outcome of which frequently is the creation of a new and unique human being, nothing more than a biological exercise with no responsibilities attached to it? What about the human being brought about through such an act? Does that human person have no rights once engendered by the act of his or her parents?

The National Catholic Bioethics Center receives the news of the FDA approval of non-prescription distribution of "Plan B" with great regret. We all become vulnerable when compromises are made in the processes which have been established by our government to ensure drug safety; by our government which has been charged with protecting its members, especially the most vulnerable.

John M. Haas is the publisher of The National Catholic Bioethics Center's publications, and Edward J. Furton is the Editor in Chief. Susan Naab is the Managing Editor and Rebecca M. Robinson is the Production Manager. Marie T. Hillard is Director of Bioethics and Public Policy. Subscription information for both publications can be found at the Center's website: www.ncbcenter.org, or by calling the Center at 215.877.2660.

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# World Health Organization declares the combined oral contraceptive to be a major carcinogen.

The World Health Organization, in a press release dated July 29, 2005, has announced that the combined oral contraceptive pill (estrogen and progestin combined) is a major carcinogen connected to breast cancer, liver cancer, and cervical cancer. This is a major breakthrough compared to the huge effort of misdirection and denial displayed by the general scientific community for the last thirty years. The entire WHO press release is displayed <a href="http://www.onemoresoul.com/who-pill-bc.php">here</a> (<a href="http://www.onemoresoul.com/who-pill-bc.php">http://www.onemoresoul.com/who-pill-bc.php</a>) and a printable version is located here.

The Mayo Clinic has published a key article in it's October 2006 issue entitled "Oral Contraceptive Use as a Risk Factor for Pre-menopausal Breast Cancer: A Meta-analysis"

Meta-Analysis: Oral Contraceptives and Pre-menopausal Breast Cancer (October 9, 2006)

The journal of the Mayo Clinic (Mayo Clinic Proceedings) has published a key article in it's October 2006 issue entitled "Oral Contraceptive Use as a Risk Factor for Pre-menopausal Breast Cancer: A Meta-analysis", authored by Chris Kahlenborn, M.D., (Internal Medicine, Altoona Hospital, PA), Francesmary Modugno, Ph.D., (Epidemiology), Douglas M. Potter, Ph.D. (Biostatistics) both from the University of Pittsburgh, and Walter B. Severs, Ph.D., Professor Emeritus of Pharmacology at the Penn State College of Medicine.

The major findings from this careful analysis of the world literature were that oral contraceptives (OCs) were linked with a measurable and statistically significant association with pre-menopausal breast cancer. The risk association was 44% over baseline in parous women (having been pregnant) who took OCs prior to their first pregnancy. The study re-enforces the recent classification of OCs as Type 1 carcinogens by the International Agency for Cancer Research\*.

According to Dr. Kahlenborn, extraction of reliable data from the world literature is an extremely difficult task because no two studies are exactly alike. However, meta-analysis is a valid statistical tool that has the ability to identify associations and potential risk. He said the present research team was very careful to clearly present how the data were collected and processed, and welcomes opportunities for open and critical debate on this important subject by professionals as well as the lay public.

Dr. Kahlenborn\*\* stated that he and the entire team believes that in accordance with the standards informed consent, women must be apprised of the potential risk of premenopausal breast cancer prior to commencing drug use.

For access to abstract of article go to <a href="www.mayoclinicproceedings.com">www.mayoclinicproceedings.com</a>; a link to the actual article and editorial is available at <a href="www.polycarp.org">www.polycarp.org</a>.

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# TESTIMONY OF PLANNED PARENTHOOD ADVOCATES OF WISCONSIN IN SUPPORT OF SB 129 COMPASSIONATE CARE FOR RAPE VICTIMS

My name is Chris Taylor and I am the public policy director for Planned Parenthood Advocates of Wisconsin. Thank you Chairman Erpenbach for holding a hearing on this bill and thank you members of this committee for the opportunity to speak in support of SB 129.

As the largest and oldest family planning provider in Wisconsin, Planned Parenthood has a keen interest in making sure that no patient experiences an unintended pregnancy, and we do everything within our power to provide our patients with the direct clinic services and education so that this is avoided. Each year, we serve over 70,000 patients throughout the state by providing breast and cervical cancer screening and cervical cancer treatments, sexually transmitted infection testing and treatment, pregnancy counseling and access to birth control methods, and abstinence-based, age-appropriate sex education.

It is really mind-boggling that in 2007, we are sitting in a hearing room debating whether women, and in this case, particularly rape victims, should have access to birth control after an assault. You really do get the sense that women have made little progress in getting access to basic health care services, which is what access to birth control is. Planned Parenthood has done extensive polling around the Compassionate Care for Rape Victims, and people are literally baffled about why this bill has not been passed in Wisconsin. That is probably why over 80% of Wisconsin voters support this bill as indicated in a recent poll. Similar bills have passed in 9 other states, including California, Massachusetts, New Jersey, New Mexico, New York, Ohio, Oregon, South Carolina and Washington.

Yet what we have seen time and time again is opponents of this bill and of birth control in general attempting to derail this bill by erroneously alleging that Emergency Contraception (EC) causes an abortion. These anti-birth control groups and legislators are doing everything in their power to blur the lines between abortion and birth control in ways that are not medically supportable nor rooted in science. No credible medical association in the United States, including the American Medical Association, the American College of Obstetricians and Gynecologists, and even the politically beleaguered FDA, supports the false notion that birth control, including EC, causes an abortion. In fact, when the FDA approved EC, they specifically stated that EC does not cause an abortion. EC works just like regular birth control pills in preventing pregnancy. It is the safest medication around and is less toxic than aspirin. It is impossible to overdose on EC and the only contraindication for its use is pregnancy. EC will not affect an established pregnancy. In fact, recent studies have indicated that the progestin in EC actually serves to maintain an existing pregnancy.

Sadly, two-thirds of Wisconsin hospital emergency rooms do not dispense EC to rape victims. This means that at least 37 counties have no hospital that routinely dispense EC to rape victims. This so egregious because there is only a short window in which emergency contraception is effective.

These statistics are particularly alarming when considering that the American Medical Association's standards of emergency care require that rape victims be counseled about the risk of pregnancy and offered emergency contraception. According to the American Medical Association's Strategies for the Treatment and Prevention of Sexual Assault, "physicians are obligated to ensure that sexual assault patients are properly informed of all risks and interventions to prevent conception as a result of the assault" and to "help the patient decide whether she wishes to take a postcoital contraceptive medication." No physician is exempted from this standard of care articulated by the AMA.

Physicians and health care professionals have an ethical obligation to patients that is not contingent upon the provider's religious beliefs, nor upon the religious affiliation of the hospitals where they practice. Physicians and other health care professionals are licensed by the state and are duty bound to comply with ethical standards and Wisconsin law. Physicians and health care professionals are charged under Wisconsin law of never engaging in a practice that hurts the health, welfare and safety of a patient. This is paramount in the clinical encounter, as the practice of medicine is a patient-centered practice. As stated by the American College of Physicians, "The patient-physician relationship entails special obligations for the physician to serve the patient's interest because of the specialized knowledge that physicians hold and the imbalance of power between physicians and patients." As stated in the American Medical Association's statement of Principles of medical ethics:

- III. A physician shall respect the law
- IV. A physician shall respect the rights of patients
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount
- IX. A physician shall support access to medical care for all people

The Wisconsin Administrative Code also supports the requirements of this bill. The definition of "unprofessional conduct" for a physician includes failing to "inform a patient about the availability of all alternative, viable medical modes of treatment and about the benefits and risks of these treatments. . ." Certainly, failing to give rape victims information about preventing pregnancy breaches this principle of medical ethics so sacred to the safe delivery of health care.

Not telling a rape victim about birth control to prevent pregnancy and not dispensing the medication does harm the patient. First, the risk of an unintended pregnancy from a rape can certainly cause emotional harm to the patient. Second, failing to provide the victim with information and access to EC increases the likelihood of an unintended pregnancy. An unintended pregnancy can cause physical harm to the patient, as every pregnancy is risky and even more so when a woman hasn't planned to be pregnant. For this legislature to turn its back on rape victims and oppose this bill is tantamount to allowing the most

vulnerable category of patient to be subject to medical malpractice and substandard medical care.

These ethical obligations are not discretionary nor are they to be subordinated to religious beliefs that are not even shared by the patient herself. I can think of no other area of medicine where we would allow medical malpractice. But for some reason, when it comes to women's health, requirements that health care professionals and hospitals abide by ethical principles become "mandates" rather than just the basic health care we all should expect when seeking treatment in any Wisconsin hospital emergency room.

SB 129 is not an attempt to impose another obligation upon a physician or hospital. Rather, it is an effort to ensure that rape victims get the same care health care every other patient gets. It is a way to make sure that what should happen when a rape victim comes through the emergency room doors, does happen in every instance, not just when the victim is lucky enough to be at a hospital that routinely provides EC information and access to rape victims.

For the sake of the health and safety or rape victims in Wisconsin, please support SB 129.

Respectfully submitted,

Chris Taylor, J.D.
Public Policy Director
Planned Parenthood Advocates of Wisconsin



## State of Wisconsin

## **Department of Health and Family Services**

Jim Doyle, Governor Helene Nelson, Secretary

April 25, 2007

TO:

Senate Committee on Health and Human Services

FROM:

Katie Plona, DHFS Legislative Liaison

RE:

Senate Bill 129 – Compassionate Care for Rape Victims

Senator Erpenbach and committee members, thank you for the opportunity to testify today in favor of Senate Bill 129 on behalf of the Department of Health and Family Services.

DHFS is charged with improving the lives of and achieving better health outcomes for all citizens. The department administers a Sexual Violence Prevention Program within the Division of Public Health and has the specific mission of improving the lives of women who have been sexually assaulted and in need of immediate and appropriate care.

Survivors of rape experience not only the trauma of the assault itself, but often re-victimization after the assault while undergoing invasive law enforcement interviews, sexual assault forensic exams and subsequent legal proceedings. Coupled with the terror of their assault is the overwhelming fear that a pregnancy could result from the rape.

Comprehensive medical care of a survivor of sexual assault must address pregnancy prevention. Currently, the inclusion of pregnancy prevention information to Wisconsin survivors is determined by where she lives in the state. SB 129 will promote better medicine, reduce the number of unintended pregnancies and abortions in Wisconsin and help ensure that rape victims anywhere in the state receive the humane and compassionate health care they deserve.

According to the standards of medical treatment for sexual assault victims established by the American Medical Association, the American College of Obstetricians and Gynecologists, and the American College of Emergency Physicians, emergency contraception is an essential part of the physical and psychological care of rape victims. Denying it is outside of the standard of care.

Also, mental health professionals believe the healing process in sexual assault cases works best when it is based on the choices of the survivor. Providing information about emergency contraception provides the victim with a choice about preventing a possible pregnancy.

The department has prepared a fiscal note for SB 129 that will be released shortly. The fiscal note estimates a cost to the department of roughly \$6,100 annually. DHFS is required to monitor compliance with all hospital regulations and to respond to complaints. The department would monitor compliance with SB 129 during hospital surveys. To do this, DHFS would need to add a component to each survey to measure compliance with the bill, which would generate some cost. However, we believe this cost is minimal and that the department could absorb it within its existing budget.

Thank you again for the opportunity to share the department's perspective on this bill.

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### Wisconsin

April 25, 2007

Senate Health & Human Services Committee
Senator Jon Erpenbach, chair
Senator Kathleen Vinehart, vice chair
Senator Tim Carpenter
Senator Jim Sullivan
Senator Carol Roessler
Senator Mary Lazich
Senator Ted Kanavas

On behalf of the women from across the state I urge you to forward the Compassionate Care for Rape Victims Bill SB 129 to the Senate floor for consideration.

Health care availability for women is a major issue of importance to members of the Wisconsin Federation of Business & Professional Women. It guarantees that women can contribute to the economic stability of their families and communities.

This should not be considered as an abortion issues because it isn't. It IS an issue of doing what is right and one of economics.

Unintended pregnancies can adversely diminish a woman's control over her financial status. In addition, the emotional trauma rape creates will only contribute to her inability to maintain an acceptable standard of living.

A woman's role in today's society is much different than it was 20, even 10 years ago. Women raise families, maintain careers, make major spending decisions, run companies, write legislation, sit on boards. They literally do "bring home the bacon and fry it up in the pan". Yet they are constantly finding themselves up against obstacles; many of these due to the fact that they are women.

Women who have survived a rape should never be put in the position of having to worry about a pregnancy resulting from the rape and the effect that would have on her life and the lives of her family. More and more women find themselves as the

primary incensive support to their families. An existented programmy court francisty affect a family for years

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# Testimony in Support of Senate Bill 129 Compassionate Care for Rape Victims Carolyn Ponder, MSW Student – University of Wisconsin Milwaukee

25 April 2007

To the members of the health committee:

Please accept this written testimony in support of SB 129, legislation that would ensure compassionate care for rape victims in hospitals across the State of Wisconsin.

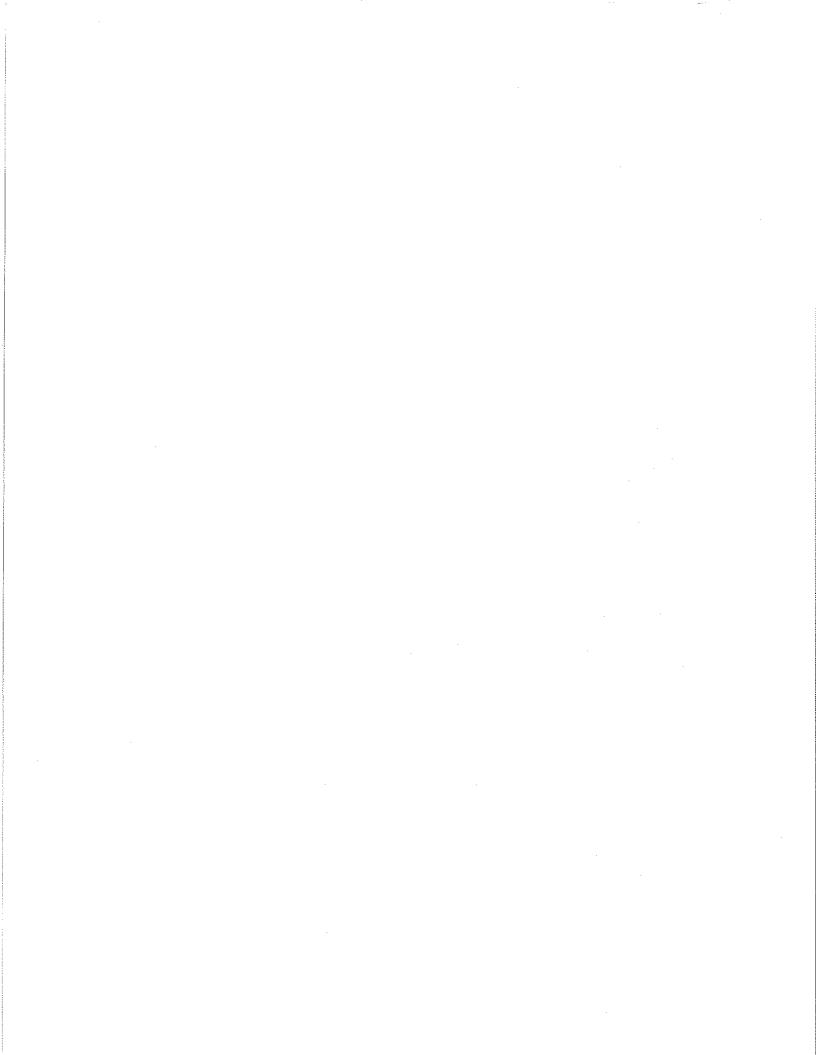
I am currently a graduate student at University of Wisconsin-Milwaukee receiving a Masters degree in Social Work. In my social work education I have learned that it is the duty of a social worker to use their voice, to advocate for those who cannot advocate for themselves. I am here today as a professional to speak for those whose voices are not represented.

Rape and Sexual Assault are issues that we do not like to discuss. But no matter how uncomfortable we are with the subject matter, sexual assault is very real. According to the American Association of University Women 15-20% of College women will be raped during their college career and 42% of college women who are raped tell no one about the assault. For those survivors of sexual assault who do tell someone, or choose to deal with it privately, that go to the hospital, medically accurate and thorough information and care should be given, including information about and access to emergency contraception.

It is important that we discuss issues of rape and sexual assault and advocate for those victims who cannot advocate for themselves. Again according to the American Association of University Women, 80% of rape survivors suffer chronic physical or psychological problems over time and 25-50% of sexual assault victims seek mental health treatment as a result of their assault. Survivors of sexual assault that do seek treatment at a hospital should be given all of the information and medical options, so that they may start the healing process and be in control over their medical care caused by a situation that was out of their control. We have a community responsibility to ensure their experience does not continue to traumatize them.

Please support SB 129 so that all Rape Victims receive compassionate care in hospitals across the State of Wisconsin.

Carolyn Ponder 2830A E. Denton Ave Saint Francis, WI 53235





### University of Wisconsin – Parkside Parkside Student Government Association 900 Wood Road, P.O. Box 2000

900 Wood Road, P.O. Box 2 Kenosha, WI 53141 Phone: 262-595-2036

# Resolution in Support of Compassionate Care for Rape Victims Bill (LRB-1387/3)

Sponsored by PSGA Women's Issues Committee, Senator Junion, and Cosponsored by Senator Slabik
In Senate April 6, 2007

WHEREAS, on average, 6000 people report to have been sexually assaulted in Wisconsin each year<sup>1</sup>, and

WHEREAS, experts agree, only about 1/3 of victims ever report their assault<sup>2</sup>, and

WHEREAS, 85% of these sexual assault victims are female<sup>1</sup>, and

WHEREAS, in Wisconsin 20% of assailants are related to the victim<sup>1</sup>, and

WHEREAS, over 70% of sexual assault victims in Wisconsin are under the age of 15<sup>1</sup>, and

WHEREAS, over 20% of reported sexual assaults committed in Wisconsin are forcible rape<sup>1</sup>, and

WHEREAS, forcible rape is defined by the Wisconsin Office of Justice Assistance as, "vaginal intercourse with a person, forcibly and/or against that person's will, or where the victim was incapable of giving consent because of (...) her youth or temporary or permanent mental or physical incabacity"<sup>1</sup>, and

WHEREAS, approximately one forcible rape is reported in Wisconsin every 7 hours, 42 minutes, 16 seconds<sup>1</sup>, and

WHEREAS, a victim of sexual assault's immediate psychological state is oftentimes overwhelmed with shock, fear, confusion, anxiety and withdrawal, and procedures that may be necessary, may not be instinctively apparent to a victim, and

WHEREAS, nationally over 32,000 pregnancies occur as a result of rape each year<sup>3</sup>, resulting in over 16,000 abortions<sup>2</sup>, and

WHEREAS, emergency contraception (EC) is a safe and effective method for *preventing* pregnancy when taken up to 120 hours after unprotected sex, and has an 89% success rate when taken up to 72 hours after unprotected sex<sup>2</sup>, and

WHEREAS, in Wisconsin, rape victims are often denied information and access to EC<sup>2</sup>, and

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<sup>2</sup>Wisconsin Alliance for Women's Health (http://www.wiawh.org/resourcecenter/informationclearninghouse/ccrvsurvey.aspx)

<sup>&</sup>lt;sup>1</sup>2004 Sexual Assaults in Wisconsin Report (http://oja.state.wi.us/docview.asp?docid=8687&locid=97)

<sup>&</sup>lt;sup>3</sup>CDC Sexual Violence Fact Sheet (http://www.cdc.gov/ncipc/factsheets/svfacts.htm)



### University of Wisconsin – Parkside Parkside Student Government Association 900 Wood Road, P.O. Box 2000

Kenosha, WI 53141 Phone: 262-595-2036

WHEREAS, the American Medical Association (AMA) has stated that all hospitals should be giving information about EC to rape victims<sup>2</sup>, and

WHEREAS, the AMA has stated that all hospitals should be dispensing EC to rape victims if requested<sup>2</sup>, and

WHEREAS, 66% of Wisconsin hospitals fail to provide EC to rape victims<sup>2</sup>, and

WHEREAS, Compassionate Care for Rape Victims (CCRV) is a bill that requires a hospital emergency room to provide a victim of sexual assault "with medically and factually accurate and unbiased written and oral information about EC and its use and efficacy"<sup>4</sup>, and

WHEREAS, CCRV requires a hospital emergency room to orally inform a victim of sexual assault "of her option to receive EC", and

WHEREAS, CCRV requires a hospital emergency room to immediately provide a victim of sexual assault with EC upon her request<sup>4</sup>, and

WHEREAS, all victims of sexual assault have a right to protect themselves against pregnancy in cases of rape and incest, and

WHEREAS, all victims of sexual assault have a right to established standards of care in hospital emergency rooms as defined by CCRV, therefore

BE IT RESOLVED, that students of UW-Parkside support the distribution of EC information, and hospital emergency rooms dispensing EC, as required by CCRV for all rape victims, and

BE IT FURTHER RESOLVED, that as representatives of the student body, the Parkside Student Government Association (PSGA), supports Compassionate Care for Rape Victims Bill (LRB-1387/3), and

BE IT ADDITIONALLY RESOLVED, this resolution is submitted to state senators and representatives who represent UW-Parkside, and

BE IT FINALLY RESOLVED, that as constituents we request that these representatives and senators sign on to be sponsors of CCRV.

President Pro-Tempore 4/12/07

President

7-12-07 Date

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<sup>&</sup>lt;sup>1</sup>2004 Sexual Assaults in Wisconsin Report (http://oja.state.wi.us/docview.asp?docid=8687&locid=97)

<sup>&</sup>lt;sup>2</sup>Wisconsin Alliance for Women's Health (http://www.wiawh.org/resourcecenter/informationclearninghouse/ccrvsurvey.aspx)

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4/24/07

As Nurses,

We know that providing information about and access to EC to rape victims is the accepted Standard of Care.

We know that every patient has the right to make her own informed medical decisions.

We know that only 33% of hospitals in Wisconsin unconditionally provide emergency contraception on site to rape victims.

We know that not explaining all medical options to patients is making decisions for them.

We know that religiously affiliated hospitals in other states have acknowledged that rape victims deserve access to pregnancy prevention following an assault.

We know that EC is basic birth control, does not cause an abortion, does not disrupt or harm an existing pregnancy.

We know that the American Medical Association (AMA) and the American College of Obstetricians and Gynecologists (ACOG), the American College of Emergency Physicians, the Association of Reproductive Health Professionals, and the Wisconsin Coalition Against Sexual Assault all support access to EC for rape victims in hospital emergency rooms.

We know that 82% of Wisconsin voters reported that they favored ensuring access to EC for victims of rape and incest, that 53% of Wisconsin voters said that they would be more likely to vote for a candidate who supports mandatory EC availability and that half of voters said they would be less likely to vote for a candidate who would allow hospitals to deny access to EC to women who had been raped.

We know that your job as Legislators is to defend the rights of these women, your constituents.

We know you will pass SB 129.

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Karin Bracas, RN

Hartford, Wisconsin

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Lisa Mayar, RN ) Grafton, WI.

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Connie Schaft RN

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Paturis M. Strolly R.M.

New Berlin, WI 5315-

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Darbora Else PN Whitefish Bay, Wheenson

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Doctors

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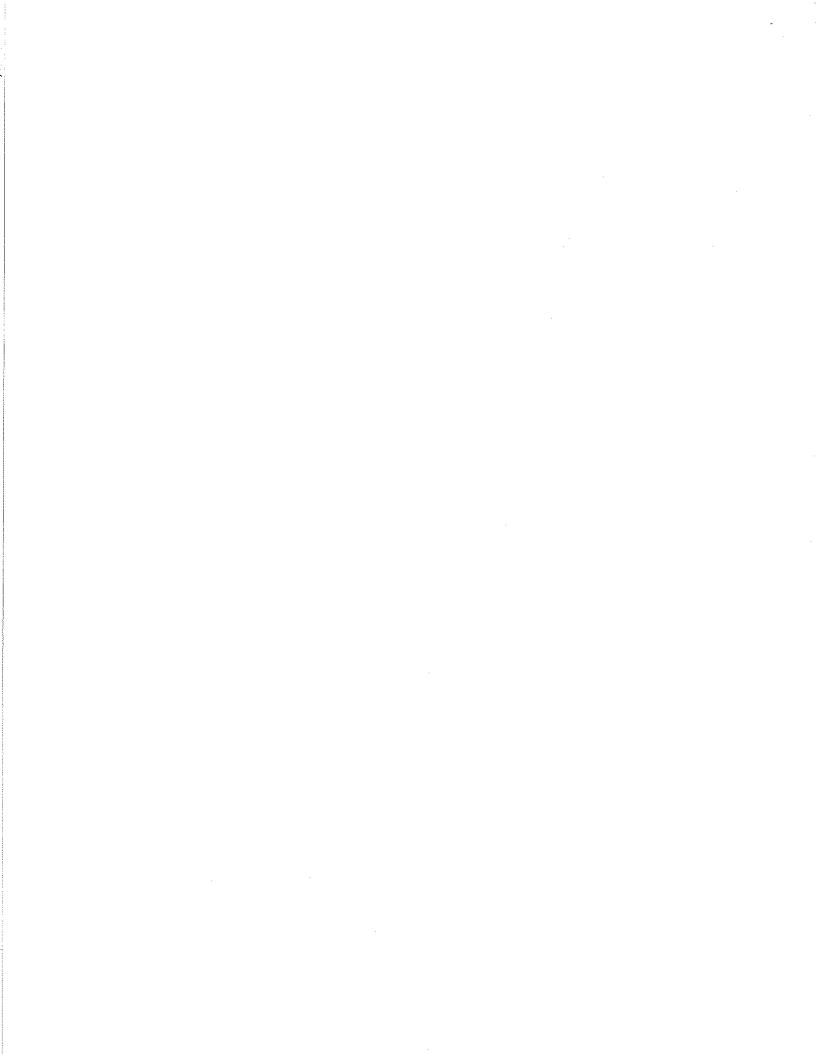
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I am a Sexual Assault Nurse Examiner at the Aurora Medical Center in Hartford. This is a hospital that serves Hartford and the surrounding area, a population of approximately 15,000. In my position, I care for patients who come to the hospital after they are sexually assaulted. After an assault, a woman is traumatized both physically and emotionally. They have many concerns about sexually transmitted infections and pregnancy. Our standard of care is that all sexually assaulted victims are offered Plan B at the hospital. Many find comfort in being able to take Plan B after this horrific incident. They do not want the memory of the assault /pregnancy to be with them the rest of their life. I support that Plan B be offered to all victims of sexual assault at the hospital they go for care.

Dona Micke, RN, MS. Kanza Me Comy RN





### ACLU of Wisconsin - POSITION ON SB 129

The ACLU of Wisconsin strongly supports SB 129 which will ensure Compassionate Care for Rape Victims.

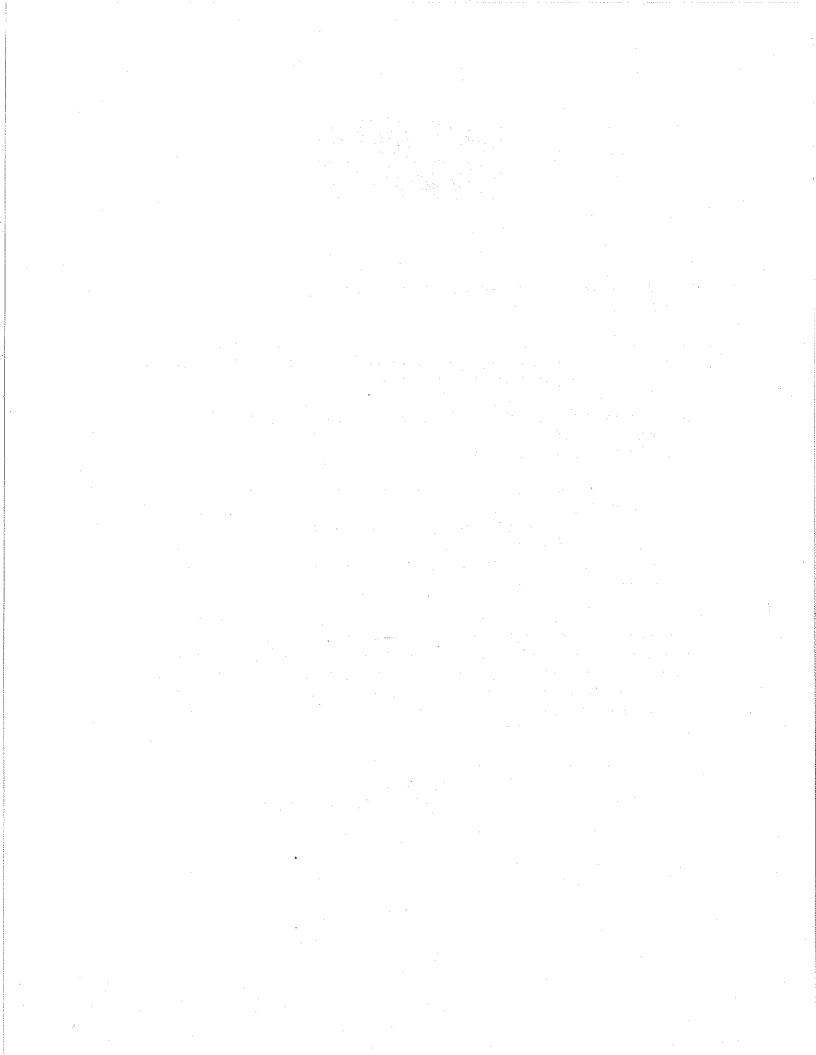
In support of the reproductive rights that should be enjoyed by all women, this bill will ensure that women who have already undergone the trauma and horror of rape are treated humanely and appropriately for pregnancy prevention.

Requiring hospitals to provide rape victims with information about and access to Emergency Contraception in the emergency room upholds the highest standard of medical care for trauma victims of rape.

One of the fundamental ethical principles of medicine is respect for patients' autonomy including upholding the patients' ultimate privacy right to determine what happens to her body with respect to reproduction. By refusing to require hospitals and health care providers to offer this information or to allow them to provide flawed information about Emergency Contraception in the instance of rape violates one of the most fundamental rights of the victim.

The ACLU of Wisconsin urges this committee to reject a policy of permitting interference with rape victim's fundamental rights and to insist that health care institutions offer sound information and access to Emergency Contraception if that is the wish of the woman upon whom suffering has already been perpetrated. They are entitled to compassionate and comprehensive medical care — including Emergency Contraception at every hospital in Wisconsin.

Mary Jo Schiavoni Legislative Chairperson for the ACLU of Wisconsin





# LEAGUE OF WOMEN VOTERS® OF WISCONSIN

122 State Street, #405 Madison, WI 53703-2500 Phone: (608) 256-0827 Fax: (608) 256-1761 http://www.lwvwi.org lwvwisconsin@lwvwi.org

April 25, 2007

To: Senate Committee on Health and Human Services

Re: Support of 2007 Senate Bill 129

The League of Women Voters of Wisconsin urges you to support SB 129. Women who have suffered the trauma of rape or incest must be given complete medical care and an opportunity to regain control of their lives. Rape and incest victims need information about and access to Emergency Contraception (EC).

There are several reasons to support SB 129:

- Medical organizations and guidelines recommend education and access to EC;
- > A significant proportion of Wisconsin emergency rooms do not provide education and access;
- > Access to EC prevents unintended pregnancies and abortions.

The requirements of SB 129 are consistent with the goals of best medical practice. The American Medical Association guidelines require counseling and the provision of EC to rape and incest victims, if requested, to assure these patients receive compassionate, consistent care. The American College of Emergency Physicians, the American College of Obstetricians and Gynecologists (ACOG), the Association of Reproductive Health Professionals and the Wisconsin Coalition Against Sexual Assault all support access to EC for rape victims. The Religious Directives for Catholic Hospitals support compassionate care and access to EC for rape victims as long as the victim is not already pregnant. Yet a 2003 study by the Wisconsin Reproductive Access Project found that 57% of emergency rooms fail to dispense EC to rape victims.

Emergency Contraception is a high dose of birth control pills that prevents a pregnancy up to 120 hours after an assault. If taken within 72 hours of a rape, EC is at least 75% effective in preventing an unintended pregnancy. The Federal Drug Administration has clearly stated that EC does not cause an abortion and has no effect on an existing pregnancy. The bill provides for EC to be administered by patient consent, and it does not require EC to be administered to a pregnant patient as indicated by a positive pregnancy test.

An estimated 5,292 rapes were reported to Wisconsin law enforcement agencies in 2001. Across the nation over 300,000 women are raped each year resulting in over 25,000 unintended pregnancies and 16,000 abortions. About 22,000 or 88%, of these pregnancies could have been prevented if all women who were raped had used EC.<sup>2</sup>

A woman suffering the physical and emotional trauma of rape or incest should have the information and option of receiving Emergency Contraception in the emergency room to prevent the potential additional trauma of a resulting unintended pregnancy. We must meet the needs of victims with compassion for their suffering. We urge you to support this bill.

<sup>&</sup>lt;sup>1</sup> Sexual Assaults in Wisconsin 1999-2001, Wisconsin Office of Justice Assistance, last accessed on May 3, 2005 at <a href="http://oja.state.wi.us/docs\_view2.asp?docid=1645">http://oja.state.wi.us/docs\_view2.asp?docid=1645</a>.

<sup>&</sup>lt;sup>2</sup> Stewart, Felicia H. and Trussell, James, Prevention of Pregnancy Resulting form Rape: A Neglected Preventive Health Measure, Am J Prev Med 2000-19(4), 228-29

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# Wisconsin Medical Society

Your Doctor. Your Health.

TO:

Members, Senate Health and Human Services Committee

FROM:

Mark Grapentine, JD - Senior Vice President, Government Relations

Jeremy Levin - Government Relations Specialist

DATE:

April 25, 2007

RE:

Senate Bill 129 - Information on Society Emergency Contraception policy

On behalf of more than 11,500 members statewide, the Wisconsin Medical Society thanks you for this opportunity to provide information on Senate Bill 129, related to requiring a hospital to provide to a sexual assault victim information and, upon her request, emergency contraception.

The Wisconsin Medical Society supports appropriate programs that will ensure the availability of information about and access to emergency contraception for Wisconsin patients, while preserving the ability of individual health care professionals to opt out of providing emergency contraception for moral reasons. The Society and the American Medical Association (AMA) have related policies:

#### **Society Policy:**

#### PUB-019

Emergency Contraception: A victim of sexual assault should be offered prophylaxis for pregnancy, subject to informed consent and consistent with current treatment guidelines. Physicians and allied health practitioners who find this morally objectionable or who practice at hospitals that prohibit prophylaxis or contraception should provide victims of sexual assault evidence-based information about such services and where they can be obtained in a timely fashion.

Physicians or hospitals should not be legislatively mandated to provide emergency prophylaxis to patients in violation of their own conscience, moral beliefs or guiding principles. (HOD, 0404)

#### **AMA Policy:**

# H-75.985 Access to Emergency Contraception

It is the policy of our AMA: (1) that physicians and other health care professionals should be encouraged to play a more active role in providing education about emergency contraception, including access and informed consent issues, by discussing it as part of routine family planning and contraceptive counseling; (2) to enhance efforts to expand access to emergency contraception, including making emergency contraception pills more readily available through pharmacies, hospitals, clinics, emergency rooms, acute care centers, and physicians' offices; (3) to recognize that information about emergency contraception is part of the comprehensive information to be provided as part of the emergency treatment of sexual assault victims; (4) to support educational programs for physicians and patients regarding treatment options for the emergency treatment of sexual assault victims, including information about emergency contraception; and (5) to encourage writing advance prescriptions for these pills as requested by their patients until the pills are available over-the-counter. (CMS Rep. 1, I-00; Appended: Res. 408, A-02; Modified: Res. 443, A-04)

Based on our physician-established policy, the Society supports the first two requirements of Senate Bill 129 as would be enacted by creation of Sec. 50.375(2):

- providing the patient medically and factually accurate and unbiased information about emergency contraception, and
- informing the patient of options for receiving emergency contraception services at the hospital, reporting to law enforcement and receiving a medical examination that could be helpful as evidence in prosecuting a crime.

The third requirement – that a hospital immediately provide emergency contraception upon request [Sec. 50.375(2)(c)] – presents more of an issue. Society policy would support a clause allowing individuals to opt out of delivering such medicine if their conscience, moral beliefs or guiding principles run counter to doing so.

Thank you again for this opportunity to provide this information. If you have any further questions or need additional information, please feel free to contact Mark Grapentine (markg@wismed.org) or Jeremy Levin (jeremyl@wismed.org) at 608.442.3800.

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Dear Chairman Erpenbach and Senate Health Committee Members:

As a professor of Obstetrics and Gynecology at the Medical College of Wisconsin and a practicing obstetrician and gynecologist, I urge this committee to pass Senate Bill 129. This bill ensures that rape victims have the medical care they need to avoid an unintended pregnancy that may occur as a result of their assault.

All women deserve a second chance to prevent an unintended pregnancy. When a woman is a victim of sexual assault, this option is not only a medically accepted standard of care but also becomes a matter of basic human decency. Emergency contraception (EC) has been available to provide women with that option of post-coital contraception for over 30 years. EC is simply a higher dose of the same synthetic hormones that constitute regular birth control pills. Unlike daily birth control pills, EC is administered after sexual intercourse. It is effective in preventing pregnancy up to 120 hours after sex. The most common EC today is Plan B, which prevents pregnancy 89% of the time if taken within 72 hours of unprotected sex.

Because opponents of oral birth control pills often mischaracterize them as abortifacients, I would like to clearly dispel any myths about EC affects a woman's body. According to a recently published article in *Journal of the American Medical Association (JAMA)*, evidence clearly shows that Plan B, again the most commonly used form of EC, works primarily to prevent ovulation. (*JAMA*, October 11, 2006—Vol 296, No. 14.) The study summarized all available clinical and epidemiological evidence to date currently known about the mechanism of action of Plan B. The study concluded that Plan B works primarily in two fashions: it prevents fertilization of the egg *and* it prevents a woman's ovaries from releasing an egg, also called ovulation. In no way can it be labeled as an "abortifacient"

First, the study concluded that published scientific evidence clearly indicates that Plan B can prevent sperm from reaching the egg to fertilize it. The drug does that by thickening the layer of mucus that covers the uterine cervix, and through which the sperm need to travel. Second, the study found that the research also shows that if taken prior to the ovulation stage of a woman's cycle, Plan B prevents ovulation. Opponents claim that Plan B may work to prevent fertilized ova from implanting. However, an exhaustive review of the available studies on the mechanism of Plan B has revealed no such evidence to support that claim.

Thus, the available scientific data is incompatible with the possibility that Plan B has any effect on a pregnancy after conception. The American College of Obstetricians and Gynecologists (ACOG), the country's largest professional organization for women's health physicians, has stated that "When political expediency prevails over sound scientific information, women once again become marginalized in their ability to make critical decisions." This statement accurately reflects the current ideological assault on EC and the trauma associated with being unable to access information about pregnancy prevention in a medical setting. Today, however, we have the opportunity to ensure that victims of sexual assault, regardless of what county they live in or what emergency room they present at, have immediate access to crucial pregnancy prevention tools.

Thank you,

Fredrik F.Broekhuizen, MD Professor of Obstetrics and Gynecology Medical College of Wisconsin Milwaukee, Wisconsin

## TESTIMONY OF PROFESSOR DANIEL C. MAGUIRE,

Marquette University

President of the Religious Consultation on Population, Reproductive Health and Ethics Past President fo the Society of Christian Ethics, the largest association of Catholic and Protestant Ethicists in North America

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To: Committee on Health and Human Services, Wisconsin State Senate

Date: April 11, 2007

Re: Compassionate Care for Rape Victims, 2007 SB 129

The vast majority of Catholic and Protestant theologians hold that sexual assault victims have a right in strict justice to receive information on and access to emergency contraception (EC). In fact, provision of pregnancy prevention methods following sexual assault is explicitly endorsed by the US Catholic bishops, and bills similar to the one before you today have been supported by Catholic Conferences in other states. As the United States Catholic bishops stated in their "Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition, Para. 36: "A female who has been raped should be able to defend herself against a potential conception from sexual assault." For that reason Catholic Hospitals in many states, including California, New Mexico, Washington, Massachusetts, Connecticut, and Colorado are in compliance with laws allowing EC information and access for rape victims. In Wisconsin as well, Catholic institutions like St. Mary's Hospital in Madison provide emergency contraception for sexual assault survivors. In an October 2, 2006 front page article in the Capital Times, St. their spokeswoman Sarah Carlson said, "A Catholic directive says that if there is no pre-existing pregnancy, this is ethical."

Senate Bill 129 takes into account Directive 36, cited above, by allowing any hospital to conduct a pregnancy test before providing emergency contraception. If the victim is already pregnant, EC need not be provided; nor, of course, would it be effective since EC cannot interfere with an established pregnancy.

Since there is such widespread religious and moral support for access to EC, it would add to the assault these women have already suffered if the State of Wisconsin would allow them to be denied access to EC in any hospital. Every Wisconsin woman who suffers a sexual assault deserves to receive the compassionate care recognized as the minimum standard of care by virtually every major medical organization, and many religious organizations including the Catholic bishops. I ask you to support the Compassionate Care for Rape Victims Act, SB 129.

Respectfully submitted,

Prof. Daniel C. Maguire